Nigeria (Bauchi, Enugu, Oyo) Family Planning and Reproductive Health Survey 2002

Health Facility Survey Results

MEASURE Evaluation Technical Report Series, No. 16B

Sohail Agha Gabriela Escudero Joseph Keating Dominique Meekers

MEASURE Evaluation
Department of International Health and Development
Tulane University





The technical report series is made possible by support from USAID under the terms of Cooperative Agreement HRN-A-00-97-00018-00. The opinions expressed are those of the authors, and do not necessarily reflect the views of USAID.



Other Titles in the Technical Report Series

- No. 1. Uganda Delivery of Improved Services for Health (DISH) Evaluation Surveys 1997. Path-finder International and MEASURE Evaluation. March 1999.
- No. 2. Zambia Sexual Behaviour Survey 1998 with Selected Findings from the Quality of STD Services Assessment. Central Statistics Office (Republic of Zambia) and MEASURE Evaluation. April 1999.
- No. 3. Does Contraceptive Discontinuation Matter? Quality of Care and Fertility Consequences. Ann K. Blanc, Siân Curtis, Trevor Croft. November 1999.
- No. 4. Health Care Decentralization in Paraguay: Evaluation of Impact on Cost, Efficiency, Basic Quality, and Equity Baseline Report. Gustavo Angeles, John F. Stewart, Rubén Gaete, Dominic Mancini, Antonio Trujillo, Christina I. Fowler. December 1999.
- No. 5. Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality (QIQ): Country Reports. Editors: Tara M. Sullivan and Jane T. Bertrand. July 2000.
- No. 6. Uganda Delivery of Improved Services for Health (DISH) Evaluation Surveys, 1999. Charles Katende, Ruth Bessinger, Neeru Gupta, Rodney Knight, Cheryl Lettenmaier. July 2000.
- No. 7. Tanzania Reproductive and Child Health Facility Survey, 1999. National Bureau of Statistics, Tanzania and MEASURE Evaluation. November 2000.
- No. 8. Encuesta de Establecimientos de Salud: Nicaragua 2000. Ministerio de Salud, MINSA and MEASURE Evaluation. May 2001.
- No. 9. Maternity Care: A Comparative Report on the Availability and Use of Maternity Services Data from the Demographic and Health Surveys Women's Module & Services Availability Module 1993-1996, Mandy Rose, Noureddine Abderrahim, Cynthia Stanton, Darrin Helsel. May 2001.
- No. 10. PLACE: Priorities for Local AIDS Control Efforts A Pilot Study of the PLACE Method in a Township in Cape Town, South Africa. March 2002.
- No. 11. Guinea Health Facility Survey 2001. Erin Eckert, Neeru Gupta, Michael Edwards, Randy Kolstad, Aliou Barry. April 2002.
- No. 12. Zambia Sexual Behaviour Survey 2000. Central Statistical Office, Ministry of Health, MEASURE Evaluation. April 2002.
- No. 13. Encuesta de Establecimientos de Salud Nicaragua 2001. Ministerio de Salud, MINSA and MEASURE Evaluation. August 2002.
- No. 14. Uganda Delivery of Improved Services for Health (DISH) Facility Survey 2002. Delivery of Improved Services for Health (DISH), Johns Hopkins University Center for Communication Programs and MEASURE Evaluation. May 2003.
- No. 15. Bangladesh National Integrated Population and Health Program (NIPHP) Evaluation Surveys. February 2003.

Acknowledgements

This baseline study is funded by the United States Agency for International Development (USAID) through the MEASURE *Evaluation* Project and under the terms of Cooperative Agreement HRN-A-00-97-00018-00. For their guidance and oversight during this study, we give special thanks to Dr. Bunmi Dosumu, USAID/Nigeria Senior Program Management Specialist; Dr. Ade Adetunji, VISION Project Director; Ms. Toyin Akpan, VISION Knowledge and Management Advisor; and Ms. Hannah Searing, EngenderHealth Senior Associate. We are also grateful to Dr. Alfred Adewuyi, Dr. Titi Obilade, and Dr. Adesina, all from the Center for Research, Evaluation, and Resource Development (CRERD), for their leadership during all stages of survey implementation. Appendix A presents a full list of the supervisors and fieldworkers who participated in the baseline surveys, to whom we owe a debt of gratitude.

This study would not have been possible without the collaboration of numerous partners, many of whom reviewed earlier versions of the survey questionnaires and/or assisted in the preparation and/or training for the surveys. The authors are especially grateful to:

- Dr. Stella Babalola, Johns Hopkins University/Center for Communication Programs (JHU/CCP);
- Mr. Wale Adedeji, Society for Family Health/Population Services International (SFH/PSI);
- Ms. Sara Stratton and Ms. Shannon Salentine, Intrah; and
- Mrs. Grace Oluwatoye, VISION Project.

We thank our colleagues at the VISION Project for providing administrative and logistic support. We are also grateful to Ms. Livia Montana, who provided MEASURE staff with basic training in geographical information systems (GIS), and to Ms. Anne Stangl and Ms. Leslie Ornsteen, MEASURE *Evaluation* Research Assistants who helped with the preparation of the questionnaire and tables for this report.

Acknowledgements

Table of Contents

Acknowledgements	i
Table of Figures	V
Executive Summary	vii
Chapter I. Introduction	1
Nigerian Context	1
Availability and Access to Health Care	1
Efforts to Increase Access to and Quality of Health Care Services	1
The VISION Project and MEASURE Evaluation's Role	2
Facility Survey Objectives	3
Methods	3
Census of Health Facilities	3
Questionnaire Development	3
Training of Survey Teams	4
Data Collection	4
Limitations	4
Overview of Bauchi, Enugu, and Oyo States	5
Chapter II. Facility Characteristics	9
Service Provision	9
Facility Amenities	9
Staff Background	9
Infection Prevention and Control Procedures and Supervision	10
Community Outreach	10
Chapter III. Family Planning Services	
Training	
Availability of FP Products and Educational Materials.	15
Family Planning Materials (Equipment)	16
Record-Keeping, Storage, and Supervision	
Chapter IV. STI and HIV/AIDS Services	
STI and HIV/AIDS Service Provision.	21
Availability of Guidelines for Diagnosis and Treatment	21
Tests for STIs and HIV/AIDS, TB, and VCT	21
Record-Keeping	
Confidentiality, Consent, and Notification Procedures	21
Supervision	22
Chapter V. Postabortion Care	27
Provision of PAC	27
Equipment and Supplies for PAC	27
Availability of Protocols and Guidelines	27
Provision of FP and STI Services to PAC Clients	27
Supervision	
References	
Appendix A – Facility Questionnaire	
Annendix B – Supervisors and Fieldworkers	R-1

Table of Figures

Figure 2.1	Percentage of hospitals, clinics, and health centers with waiting area and amenities	11
Figure 2.2	Percentage of facilities with at least one provider of each type	12
Figure 2.3	Percentage of facilities that practice infection prevention procedures for syringes and needle	S
	(by type of procedure)	
Figure 2.4	Percentage of facilities that dispose of contaminated waste (by disposal procedure)	
Figure 2.5	Percentage of facilities with/without ongoing supervision plans by infection control and was	ste
	disposal practices.	13
Figure 2.6	Percentage of hospitals and other facilities with/without ongoing supervision plans that use	
	disposable syringes, burn waste items.	
Figure 2.7	Percentage of hospital and other facilities that have some form of community orientation	
Figure 2.8	Percentage of hospitals and other facilities that are responsive to client opinion	14
Figure 3.1	Percentage of family planning facilities in which family planning services were being	
	provided on the day of the survey	17
Figure 3.2	Percentage of family planning providers who ever received in-service family planning	
	training	17
Figure 3.3	Percentage of family planning providers who received in-service STI diagnosis &	
	postabortion care training	
Figure 3.4	Percentage of family planning facilities that provide various hormonal methods	18
Figure 3.5	Percentage of family planning providers who provide barrier methods or counseling for	
- . • •	natural methods	18
Figure 3.6	Percentage of facilities that provide specific FP methods that did not have that method in	1.0
F: 2.7		18
Figure 3.7	Percentage of facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS	19
Figure 3.8	Percentage of facilities that have various items to provide family planning services	
Figure 3.9	Percentage of facilities that maintain a register for family planning consultation and	
<i>C</i>	percentage that maintain individual client records	19
Figure 3.10	Percentage of facilities that store contraceptive methods correctly and percentage that had	
C	· · · · · · · · · · · · · · · · · · ·	20
Figure 4.1	Percentage of facilities that offered STI services on the day of the survey & percentage of	
	facilities that have visual aids/pamphlets for teaching about STI/HIV	22
Figure 4.2	Percentage of facilities with guidelines for diagnosis and treatment STIs/HIV	22
	Percentage of facilities that diagnose STIs based on syndromic, etiologic, or clinical factors	
		23
	Percentage of facilities that conduct tests for various STIs and TB	
Figure 4.5	Percentage of facilities that offer VCT	23
Figure 4.6	Percentage of facilities that have a register to record STI consultation information	24
Figure 4.7	Percentage of facilities that have confidentiality & informed consent protocols for HIV/AID	
	testing	
	Percentage of facilities with active or passive partner notification or follow-up	
Figure 4.9	Percentage of facilities that always contact partners or follow up & percentage that submit	
	reports to MOH	
	Percentage of facilities that had contact with a supervisor in the previous six months	25
Figure 5.1	Percentage of PAC-providing facilities that provided PAC services on day of survey and	
	percentage that maintain register on PAC clients.	
Figure 5.2	Percentage of facilities proving PAC services that have equipment and supplies available for	
	postabortion care	28

Table of Figures

Figure 5.3	Percentage of facilities that have protocols and guidelines on PAC and percentage that	
	provide FP counseling and contraceptive methods	28
Figure 5.4	Percentage of facilities that provide various family planning methods to PAC clients	29
Figure 5.5	Percentage of facilities that routinely treat STIs and percentage that routinely offer couns	eling
	and testing for HIV/AIDS	29

Executive Summary

This report presents findings from a health facility survey conducted by MEASURE *Evaluation*, as part of the evaluation of the USAID-supported VISION Project. One of the objectives of the VISION Project is to increase the quality and capacity of family planning services in three Nigerian states: Bauchi, Enugu, and Oyo. This report presents data that will be used as a baseline against which changes resulting from the VISION Project will be measured. The findings of this study may also help refine the implementation strategies pursued by the VISION Project.

The report is divided into five chapters. Chapter I provides background information on the availability and access to health services in Nigeria, the role of the VISION Project, and the objectives and methodology of the health facility survey. Chapter II presents information on characteristics of facilities, including the qualifications of facility staff and the types of services they provide. Chapter III provides information on family planning service provision, including whether facility staff have received training in family planning service delivery and the supply of different family planning methods. Chapter IV describes the provision of STI and HIV/AIDS services at facilities, including how diagnoses of STIs are made at facilities and mechanisms for partner notification. Chapter V presents information on the provision of postabortion care services. Key findings of the report are discussed below.

The facility survey covers hospitals, health centers, family planning (FP) clinics, pharmacies and patent medicine stores (PMS). A total of 271 facilities were surveyed. About 85% of the facilities are in Oyo, 10% in Bauchi, and 5% in Enugu. Most facilities (91%) surveyed are located in urban areas. Hospitals comprise 18% of all facilities, while pharmacies/PMS comprise 67% of all facilities. The remaining 15% consist of "other" facilities (e.g., health centers and family planning clinics).

Facility Characteristics

- Nine out of 10 facilities provide family planning services, 5 out of 10 provide STI/HIV/AIDS services, and 1 in 5 provide postabortion care services.
- Nine out of 10 facilities have a waiting area, but only half have amenities such as electricity, telephone, or tap water.
- The percentage of facilities with ongoing supervision plans varies: 36% of hospitals and 54% of health centers and family planning clinics reported having an ongoing supervision plan.
- Facilities with ongoing supervision plans are more likely than facilities without supervision plans to have better infection control and waste disposal practices.

Family Planning Services

- At the time of the survey, over 90% of family planning providers at hospitals, 81% at other facilities such as health centers and family planning clinics, and 32% at pharmacies/PMS had received training in family planning counseling. Providers at hospitals were more likely than providers at other facilities (e.g., health centers, family planning clinics, pharmacies/PMS) to have received clinical training (e.g., IUD insertion, mini-lap, non-scalpel vasectomy) in family planning.
- The male condom was available at 90% of the pharmacies/patent medicine stores and was available at 74% of the hospitals and other facilities surveyed. Other contraceptive methods such as hormonal methods are more likely to be available at hospitals, health centers, or family planning clinics. Hospitals are more likely than facilities such as health centers or family planning clinics to have the equipment and supplies to provide family planning.

Executive Summary vii

STI and HIV/AIDS Services

- Over 50% of hospitals and over 30% of other facilities such as health centers and family planning clinics conduct tests for syphilis and gonorrhea.
- About 30% of hospitals and 8% of other facilities offer VCT.
- Over three-quarters of hospitals and other facilities (such as health centers, FP clinics) have confidentiality protocols for HIV/AIDS testing (91% and 76%, respectively).
- Over 50% of facilities such as health centers and FP clinics and 35% of hospitals always contact partners of patients with STIs or conduct follow-up with STI patients.

Postabortion Care Services

- About 70% or more of facilities providing postabortion care services have the recommended equipment and supplies available to provide those services.
- About 8 out of 10 facilities that provide postabortion care services routinely treat STIs and about half of the facilities that provide postabortion care offer counseling and testing for HIV/AIDS.

Chapter I. Introduction

Nigerian Context

Large geographic regional disparities in availability and quality of services and resources characterize the Nigerian health sector. general, the majority of health services are located in the southern states while many northern states have more limited access to comprehensive health care (NPC, 2000). public and private sectors provide a full range of health services at varying costs to the population. Many Nigerians also consult "chemists," patent medicine stores, traditional birth attendants (TBAs), and herbalists who often provide basic health services as well as medications. There is a large network of private faith-based health care organizations providing services throughout Nigeria.

Availability and Access to Health Care

Increasing the availability and access to health care services is a priority for the Nigerian government. The objective of the national health policy plan, adopted in 1988, is to provide the population with access to primary health care services as well as to secondary and tertiary care, as needed, through a functional referral system (NPC, 2000). The health policy plan defines the roles and responsibilities of the three tiers of the public health system, as well as of private and nongovernmental organizations (NPC, 2000). Health services are organized as follows (Motherland Nigeria, 2003; NPC, 2000):

Primary

The provision of health care at this level is largely the responsibility of the Local Government Area (LGA) with support from state ministries of health. Types of facilities at this level include health posts, health centers, clinics, and private medical practitioners.

Secondary

This level of care provides specialized services to patients referred from the primary health care level and is the responsibility of

the state government. Specialized services may include out-patient and in-patient services at hospitals for general medical, surgical, pediatric, and community health services. Secondary health care is available at the LGA level of the state. Supportive services such as laboratory, diagnostic, blood bank, rehabilitation, and physiotherapy may also be available at this level. Private hospitals also provide services at this level.

• Tertiary

This level of care, provided by teaching hospitals and other specialist hospitals, offers specialized referral services to the primary and secondary levels of the health care delivery system. Both the federal and state governments are responsible for services at this level. Specialist hospitals also provide services at this level.

The Nigerian government considers the provision of primary health care services for all as crucial for improving the health of Nigerians. Such services include but are not limited to health education, reproductive health including family planning, maternal and child health care, provision of essential drugs, and disease control.

Efforts to Increase Access to and Quality of Health Care Services

Several donors have been working with the Nigerian Ministry of Health (MOH) to improve access to and the quality of health care services throughout Nigeria since 1999. The World Bank through the Health Systems Development Project is helping the Nigerian government improve the delivery of basic health care services as well as the availability of essential and generic drugs in health facilities (World Bank Project Data, 2001). The United States Agency

¹ Between 1993 and 1999, many donors worked primarily through local NGOs or private facilities because of the political instability at the government level.

for International Development (USAID) / Nigeria's reproductive health (RH) program has focused its efforts on increasing the use and availability of quality family planning services (USAID, 2002). USAID/Nigeria's RH program includes training, capacity building, contraceptive logistics, contraceptive social marketing, behavior change communication (BCC), and the development of public-private partnerships. These activities are designed to improve the demand for, access to, quality, and capacity of family planning and reproductive health (FP/RH) services (USAID, 2003). Through the USAID-supported VISION Project, a FP/RH project active in three Nigerian states (Bauchi, Enugu, and Oyo), these key areas and activities are being addressed.

The VISION Project and MEASURE Evaluation's Role²

In September 2001, USAID/Nigeria awarded EngenderHealth and its partners a three-year, US\$10 million contract to assist USAID in developing a strategic framework for the future of its FP/RH program in Nigeria. Collaborating partners under VISION include Johns Hopkins University/Center for Communication Programs (JHU/CCP), Intrah, and Population Services International (PSI)/Society for Family Health (SFH).

The VISION Project aims to establish models of high-impact, high-performing FP/RH service delivery networks, to be built on public-private partnerships in selected LGAs in Bauchi, Enugu, and Oyo states. At present, the VISION Project is implemented in 15 selected LGAs, five each in Bauchi, Enugu, and Oyo states (see Table 1.1 for a list of LGAs by state). The three states in which the VISION Project operates differ from each other not only in terms of languages spoken, ethnic groups, and religion, but also in terms of access to and availability of health services. The current timeline for project im-

² Agha, Escudero, Keating and Meekers. 2003. Nigeria (Bauchi, Enugu, and Oyo) Family Planning and Reproductive Health Survey. MEASURE *Evaluation* Technical Report Series, No. 16. Carolina Population Center, UNC. plementation is February 2002 – September 2004.³

The VISION Project aims to contribute to USAID/Nigeria's Strategic Objective 4 (SO4): increased use of family planning, HIV/AIDS, and child survival services. Specifically, the project objectives include

- Increasing demand for FP/RH, HIV/AIDS, and child survival services;
- Increasing access to and availability of FP/RH services and commodities;
- Improving the quality of FP/RH, HIV/AIDS, and child survival services; and
- Increasing the capacity of FP/RH, HIV/AIDS, and child survival service delivery systems.

MEASURE Evaluation (M2)/Tulane University is the external evaluator for the VISION Proiect⁴. Given the nature of the VISION Project, M2/Tulane, in consultation with VISION col-USAID/Nigeria laborating partners M2/UNC and M2/ORC/Macro, developed and implemented a household survey and a facility survey: Results from the household survey provide data for constructing indicators at the individual level (e.g., indicators related to information on individual knowledge of and demand for FP/RH issues and services);⁵ results of the facility survey provide information necessary to measure indicators related to access. types of services offered, and quality of services at the facility or Service Delivery Point (SDP) level (e.g., contraceptive availability).

This report describes the results of a baseline facility survey that was conducted as part of an external evaluation of the VISION family planning and reproductive health project.

³ Originally, VISION Project activities were scheduled to begin in September 2001, and to run for 30 months. Because of the events of September 11, 2001, the start of project activities was delayed until February 2002.

⁴ Given the funding cycle for the MEASURE *Evaluation* Project, it was decided that the baseline survey for the VISION evaluation would be conducted under the current phase of M2 but that the final evaluation may be conducted by another project (since the current phase ends in December 2003).

⁵ Agha et al. 2003.

Facility Survey Objectives

These are the specific objectives of the baseline facility survey:

- 1) To collect quantitative data related to availability and quality of services among all public and private health service delivery points (SDPs) within the same 15 LGAs as the baseline household survey in Bauchi, Enugu, and Oyo states (see Agha et al., 2003);
- To obtain data that will be used as a baseline against which to measure changes over time resulting from the VISION Project's interventions; and
- 3) To provide data for the refinement of strategies for VISION Project activities, as well as for other reproductive health programs in the region.

For the purpose of this survey, service delivery points included public and private primary, secondary, and tertiary facilities, patent medicine stores, and pharmacies.

Methods

After conducting a competitive bidding process according to USAID/Nigeria requirements, M2/Tulane contracted the Center for Research, Resource Development Evaluation. and (CRERD), a local research organization based in Ile-Ife and affiliated with Obafemi Awolowo University (OAU), Nigeria, to implement both the household and facility surveys in the 15 LGAs where the VISION Project operates. CRERD, in consultation with M2/Tulane, was responsible for sampling design, data collection (including recruiting and training of the field survey teams), data entry, and data cleaning. M2/Tulane, while responsible for all aspects of the baseline, developed the questionnaires, assisted with training of the supervisors and survey teams, conducted data analysis, and wrote the survey reports.

Census of Health Facilities

To measure to what extent the respondents of the household survey have access to different types of health facilities, the sampling plan for

the facility survey was linked to the household survey (Agha et al., 2003). Specifically, a census of all types of facilities was taken in the reference enumeration areas (EA), that is, in each enumeration area selected for the household survey. Thus, the reference EAs are identical to those in the household survey, and were selected as follows. The household sample was collected using a multi-stage stratified sample. In each state, 40 enumeration areas were randomly selected. The number of EAs per LGA was selected with probability of selection proportional to the population size (PPS) of the LGA. A list of EAs in the project LGAs was obtained from the State Office of the National Population Commission (NPC). From this list, the required number of EAs in each LGA were selected through systematic random sampling. In addition to these reference EAs, all contiguous EAs were included in the sample. In the contiguous EAs, a census was taken of only the secondary and tertiary level of facilities. The assumption underlying this decision was that people are more likely to travel a long distance to reach a hospital or other large facility located outside their EA, than they are to travel such a distance to obtain services from a smaller facility.

A total of 271 facilities were surveyed. Table 1.1 presents the number of facilities surveyed by state and LGA.

Questionnaire Development

M2/Tulane, in consultation with all VISION collaborating partners, developed the questionnaire. The facility questionnaire was adapted from the Service Provision Assessment (SPA) instrument (ORC/Macro, 2002), and included sections on general health facility administrative procedures, equipment, materials, education and qualifications of providers, infection prevention procedures. family planning services, postabortion care STI/HIV/AIDS (PAC) services, and a checklist of selected essential medications. The questionnaire was translated into the three major local languages of the three VISION states (Hausa, Ibo, and

⁶ See Appendix A for a copy of the survey instrument.

Yoruba), and then back-translated into English. The questionnaire was interviewer-administered by paramedical personnel.

Geographic coordinates were collected using the Garmin eTrex® and downloaded using GPS Utility. For cross-checking purposes, interviewers also recorded the geographic coordinates on each questionnaire.

Training of Survey Teams

Training of field staff was conducted in two stages. First, supervisors received centralized training at OAU. Subsequent regional trainings of the field teams were held in each of the three states. Field survey teams were recruited from each state; interviewers were all paramedical personnel (e.g., nurses, doctors, midwives, etc). CRERD led all the trainings. M2/Tulane staff attended the training of supervisors and the first regional training of the Enugu data collection Training consisted of a question-byquestion review of the questionnaire, review of the sampling methodology, instruction in the use of the hand-held navigational units (e.g., Garmin eTrex®), role plays, and pretests of the questionnaire.

A total of 30 interviewers (10 interviewers per state, 2 interviewers per LGA) and 6 supervisors (2 per state) administered the facility surveys.⁷

Data Collection

Data collection began immediately after each regional training (Oyo state was first, followed by Enugu and Bauchi), and lasted from November 11 to December 10, 2002. To encourage cooperation, Dr. Adetunji, Director of the VISION Project, wrote a letter of introduction which explained the purpose and timing of the survey and which the supervisors presented to the Chairman of each LGA as well as to some local village heads before the implementation of the survey. Interviewers administered Section 1 of the questionnaire (general information) to the most senior health worker responsible for out-

patient services present at the facility or, in the case of PMS or pharmacies, to the most senior staff person responsible for providing services. For the sections of the questionnaire related to the provision of specific services (e.g., family planning, STI/HIV/AIDS, and postabortion care), the interviewers administered the questionnaire to the most senior staff member present at the facility that provided that specific type of service. (In many cases this turned out to be the same person who responded to Section 1.)

To reduce nonresponse and reporting biases, interviews were conducted either in the facility manager's office or in the service provision area when no other staff were present. In an effort to maintain confidentiality during the interview, if the facility manager's office was unavailable and other staff were in the service provision area, the interviewer selected another area within the facility (or directly outside the facility) where no one could hear the interview being conducted.

Fieldwork was complicated by difficulties in identifying the exact boundaries of some EAs. Either the descriptions on the hand-drawn EA maps did not seem to match the current physical terrain, or major construction and development had rendered the descriptions obsolete. The EA maps were provided by the NPC and date back to the 1990 Census. Not only have many areas changed topographically since then, but redistricting in the late 1990s caused some LGAs to be split in two. As a result, it was occasionally unclear which EAs were contained within current LGA boundaries. These issues were resolved with the assistance of local partners (e.g., VISION).

Limitations

As with all cross-sectional surveys, this survey is subject to response and recall biases. Self-reported data may reflect a perceived desirability of responses rather than actual knowledge or practices, leading to the potential for response bias. Reponses to questions related to events in the past (such as training events attended, number of supervisory visits in the last six months, for example) were subject to recall bias.

⁷ See Appendix B for the list of interviewers and supervisors.

We conducted a census of all types of health facilities within the (household) selected EAs in an effort to ensure that, at the end of the VISION Project, it would be possible to make inferences relating interventions at the facility level to results at the population level. However, because of the difficulties mentioned above in identifying the exact demarcation of the EA boundaries, it is unclear whether all the existing health facilities were captured. CRERD did not obtain maps of the contiguous EAs; thus, it was impossible for the survey teams to determine the boundaries of the contiguous EAs. quently, it is impossible to determine whether the contiguous EAs captured all secondary and tertiary facilities. This issue is further complicated by a coding error that made it impossible to distinguish between facilities in the reference and contiguous EAs.

Because the survey sample was restricted to the 15 LGAs targeted by the VISION Project, the results from this survey may not be representative of health facilities in Enugu, Oyo, and Bauchi, nor of other Nigerian states.

Overview of Bauchi, Enugu, and Oyo States

As can be seen from Map 1, the three states where the VISION Project operates are located in different regions of Nigeria. According to the 2000 MOH database, Oyo has the greatest number of health facilities.⁸ This is consistent with the findings presented in subsequent chapters of this report.

Bauchi

Bauchi state is located in the northeastern part of Nigeria and is less densely populated than either Enugu or Oyo states (because the state is geographically larger). The population in Bauchi is concentrated in the major urban centers within the state, but particularly in Bauchi LGA, the state capital. The predominant language is Hausa, but English as a second language is widely spoken in urban areas (CRERD, 2002).

⁸ When referring to state level data throughout this report, we are referring to the data for the five VISION LGAs per state.

According to the Nigerian MOH, there are approximately 210 health facilities in the five VISION LGAs, of which 206 are primary health care facilities and 4 are secondary facilities. There are no tertiary facilities within the five VISION LGAs (FMOH, 2000). The VISION facility survey included a total of 26 facilities in Bauchi.

Enugu

Enugu state is located in the southeastern part of Nigeria. The average population density of Enugu is high at 268 people per square kilometer. (The average national density is 96 people per sq. km.) However, in urban areas the population density ranges from 300 to 600 per sq. km. The predominant language is Ibo, but English and Pidgin are also widely spoken (CRERD, 2002).

According to the Nigerian MOH, there are approximately 260 health care facilities within the five VISION LGAs, of which 189 are primary health care facilities, 67 are secondary health care facilities, and 3 are tertiary facilities (FMOH, 2002). A total of 14 facilities were captured in the VISION facility survey.

Ovo

Oyo is located in the southwestern part of Nigeria and is one of the most urbanized states in the country. Ibadan is located in Oyo state and is arguably the most populated city in Nigeria. The predominant language is Yoruba, but English is also widely spoken.

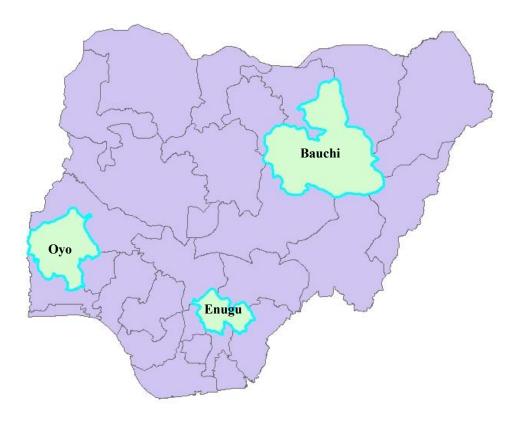
According to the FMOH, there are approximately 273 health care facilities in the five VISION LGAs, of which 266 are primary health care facilities and 7 are secondary facilities. There are no tertiary facilities within the five VISION LGAs (FMOH, 2002). The VISION facility survey included 231 facilities.

Since the reliability and accuracy of the MOH listing is unknown (both because of errors and because of changes made after the report was prepared), we were unable to estimate the extent of over/undersampling, and did not make any correction for it.

Table 1.1 Population, number of EAs and health facilities by LGA

	1991 Population Size	Number of Selected EAs	Number of Health Facilities Surveyed
Bauchi			
Alkaleri	174,861	9	4
Bauchi	356,923	17	13
Giade	92,294	4	4
Kirfi	83,010	4	3
Tafawa Balewa	126,436	6	2
Total Bauchi	833,524	40	26
Enugu			
Enugu East	174,431	10	7
Enugu North	153,033	9	3
Igbo Etiti	138,401	8	2
Nkanu West	102,945	6	2
Udenu	111,647	7	0
Total Enugu	680,457	40	14
Oyo			
Afijio	82,792	6	18
Ibadan S.West	277,047	19	167
Ibarapa East	65,897	4	31
Ogbomoso South	65,959	4	12
Orire	103,611	7	3
Total Oyo	595,306	40	231
TOTAL		120	271

Map 1. VISION States: Bauchi, Enugu, and Oyo



Chapter II. Facility Characteristics

A total of 271 facilities were included in the sample. About 85% of the facilities are in Oyo, 10% in Bauchi, and 5% in Enugu. Most facilities (91%) in the sample are located in urban areas. Hospitals comprise 18% of all facilities, while pharmacies/PMS comprise 67% of all facilities. The remaining 15% consists of "other" facilities such as health centers and family planning clinics (not shown). Throughout this report, "other facilities" refers to health centers and family planning clinics, unless otherwise noted. This chapter presents information on the types of services provided at the different health facilities, amenities available, staff background, infection prevention and control procedures, supervision, and community outreach.

Service Provision

Table 2.1 shows the percentage of facilities that provide family planning, STI/HIV/AIDS, and postabortion care (PAC) services. About 90% of facilities provide family planning services and/or distribute family planning products. Nearly all facilities in Oyo and about half of the facilities in Bauchi provide family planning services. Urban facilities are more likely than rural facilities to provide family planning (91% vs. 79%). A total of 94% of pharmacies/PMS, 83% of hospitals, and 82% of other facilities provide family planning. STI/HIV/AIDS services are provided by just over half of all facilities, with 60% of facilities in Oyo and 15% in Bauchi providing these services. **Facilities** located in urban areas are more likely to provide STI services than those in rural areas (58% vs. 21%). In terms of provision of STI services. 87% of hospitals, 66% of other facilities, and 44% of pharmacies/PMS provide such services.

Only 1 in 5 (21%) facilities provide PAC services. Facilities in Oyo are more likely than those in Bauchi (23% vs. 15%) to provide PAC. Urban facilities are more likely to provide PAC: About 23% of facilities in urban areas, compared to only 4% in rural areas. A total of 75% of hospitals, 42% of other facilities, and 3% of

pharmacies/PMS reported that they provide PAC services.

Because pharmacies/PMS typically do not have specific staff responsible for providing health services, questions about staff background, facility amenities, infection prevention and control procedures, community outreach, and supervision were asked only of clinics, health centers, and hospitals (88 out of 271 facilities).

Facility Amenities

Figure 2.1 shows the percentage of these facilities with a waiting area and other amenities. As can be seen, most facilities have a waiting area (91%) and about half have electricity (56%). A total of 48% of facilities have a telephone or short wave radio and 45% have tap water.

Staff Background

Several facilities have more than one trained staff member of each type (e.g., nurse, physician, midwife, among others).9 Figure 2.2 shows the percentage of hospitals, FP clinics, and health centers with at least one provider of each type. More than 7 out of 10 hospitals and 4 out of 10 other facilities have an auxiliary nurse. About 9 out of 10 hospitals and 2 out of 10 other facilities have at least one physician. Nearly 7 out of 10 hospitals and 4 out of 10 other facilities have a nurse/midwife and about half of hospitals and 1 in 4 other facilities have a nurse. Nearly half of FP clinics and health centers have at least one community health worker, while 1 out of 10 hospitals have the same. Family planning clinics and health centers tend to rely on community health officers. Three out of 10 FP clinics and health centers have community health officers, while 1 out of 10 hospitals reported the same.

Q

⁹ For example, out of the 50 facilities that had doctors, 33 had only one doctor, while 17 had two or more doctors. For simplicity, we report on the number of facilities that had at least one staff member of each type.

Infection Prevention and Control Procedures and Supervision

Figure 2.3 shows the infection prevention procedures that facilities follow to sterilize syringes and needles. Most hospitals, FP clinics, and health centers (74%) use disposable syringes, 12% boil syringes and needles, and 8% use an autoclave.

Figure 2.4 shows disposal of contaminated waste by facilities. About 6 out of 10 facilities burn contaminated waste or items such as bandages that are not re-used, by burning the waste in an incinerator (33%), by burning the waste in an open pit (8%), or by burning and burying the waste (20%). About 1 in 3 facilities discard contaminated waste, either by throwing it in an open pit (23%) or by throwing it in a pit latrine (7%).

Nearly half of the hospitals, FP clinics, and health centers surveyed (44%) have an ongoing supervision plan (not shown). Figure 2.5 shows infection control and waste disposal practices by these facilities' supervision status. Those facilities which have an ongoing supervision plan are more likely to use disposable syringes (84% vs. 68%) and more likely to burn their waste items (70% vs. 55%).

Figure 2.6 shows facilities' ongoing supervision plans, infection control, and waste disposal practices. A total of 36% of hospitals and 54% of other facilities have ongoing supervision plans. There is little difference between hospitals and other facilities in the use of disposable syringes and burning of waste items. About 7 out of 10 facilities use disposable syringes and 6 out of 10 facilities burn waste items.

Only 18% of the facilities surveyed reported receiving a visit from a supervisor in the 6 months prior to the survey. However, of the facilities that received a visit, over 80% reported that the supervisor checked their registers and discussed problems with staff. Over 60% of the facilities that received a supervisor's visit in the previous 6 months reported that the supervisor discussed problems and technical matters and observed service provision. Slightly more than

half (54%) of these facilities reported that the supervisor met with staff individually.

Community Outreach

Figure 2.7 shows community orientation of hospitals, FP clinics, and health centers. About 13% of hospitals reported that they know the size of the population their facility serves, while one-third (32%) of other facilities (e.g., FP clinics and health centers) reported the same. Meetings between managers and community members occur at 34% of the hospitals surveyed and at 49% of the other facilities surveyed. Over half of other facilities have an outreach program, while 19% of hospitals reported having such a program.

Collecting information on client needs/opinions varied by facility type. Figure 2.8 shows responsiveness to client needs. A total of 68% of hospitals have a procedure for reporting client opinion; 27% of FP clinics and health centers have such a procedure. A total of 60% of hospitals and 32% of FP clinics and health centers surveyed reported that they had made changes in the three months before the survey in response to client opinions.

Table 2.1 Percentage of facilities that provide any family planning, STI/HIV/AIDS, PAC services or commodities

			Post-abortion	
	Family Planning	STI/HIV/AIDS	care	n
State				
Bauchi	46.2	15.4	15.4	26
Enugu*	(92.9)	(42.9)	(7.1)	14
Oyo	95.1	59.7	23.0	226
Location				
Urban	91.3	57.9	23.1	242
Rural	79.2	20.8	4.1	24
Facility type				
Hospital	83.0	87.2	74.5	47
Other	81.6	65.8	42.1	38
Pharmacy/PMS	93.9	43.6	3.3	181
	90.2	54.5	21.4	266

^{*} The percentages for Enugu are in parentheses due to the small number of cases (n=14).

Figure 2.1 Percentage of hospitals, clinics, and health centers with waiting area and amenities (n=84)

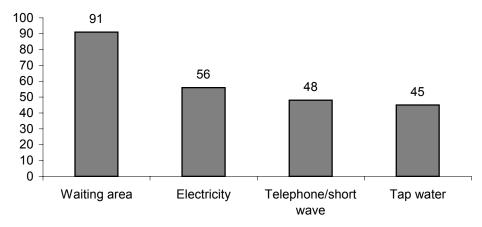


Figure 2.2 Percentage of facilities with at least one provider of each type

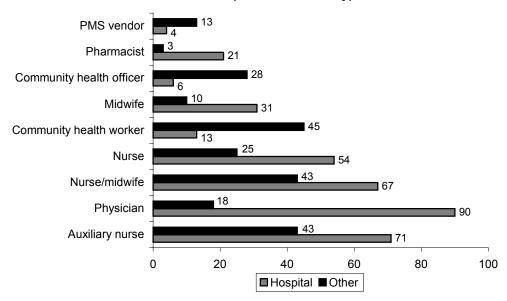


Figure 2.3 Percentage of facilities that practice infection prevention procedures for syringes and needles (by type of procedure)

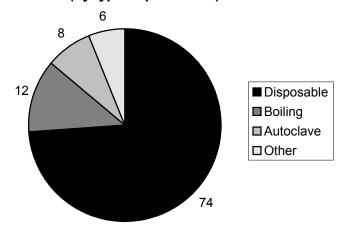


Figure 2.4 Percentage of facilities that dispose of contaminated waste (by disposal procedure)

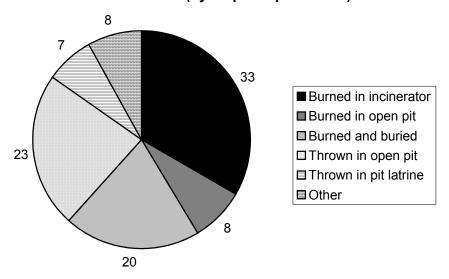


Figure 2.5 Percentage of facilities with/without ongoing supervision plans by infection control and waste disposal practices

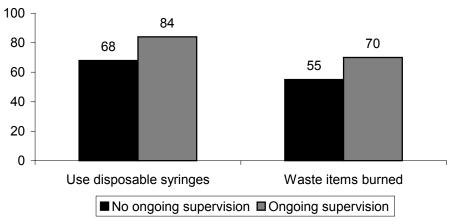


Figure 2.6 Percentage of hospitals and other facilities with/without ongoing supervision plans that use disposable syringes, burn waste items

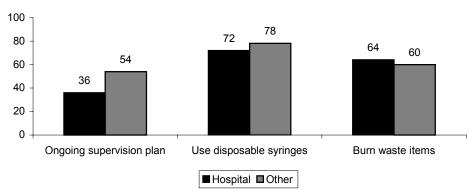


Figure 2.7 Percentage of hospital and other facilities that have some form of community orientation

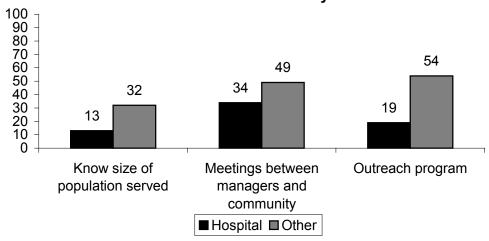
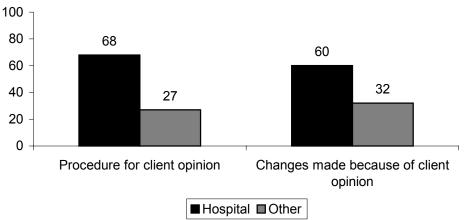


Figure 2.8 Percentage of hospitals and other facilities that are responsive to client opinion



Chapter III. Family Planning Services

This chapter presents information on facilities that provide family planning (FP) services, including the types of training received by staff, availability of family planning products and educational materials, FP materials, record keeping, storage of contraceptives, and supervision

Nearly 9 out of 10 of all facilities surveyed, or 240 facilities, provide family planning services or commodities. A total of 215 of these facilities are in Oyo, 12 in Bauchi, and 13 in Enugu. About 16% of facilities providing family planning are hospitals, 13% are "other" facilities (e.g., health centers or family planning clinics), and 71% are pharmacies or patent medicine stores (not shown).

Figure 3.1 shows the percentage of facilities that were providing family planning services or products on the day of the survey. About half of hospitals, 1 in 3 other facilities, and nearly 3 out of 4 pharmacies were providing family planning services or products on the day of the survey.

Training

Figure 3.2 shows the percentage of providers who have ever received in-service family planning training. More than 80% of providers at hospitals and other facilities and 32% of pharmacists/PMS vendors received family planning training. A total of 85% of hospitals reported having received training in IUD insertion, while 58% of other facilities and 11% of pharmacists/PMS vendors reported the same. A total of 49% of hospital and 19% of other facilities received training in mini-laporotomy; 31% of hospitals and 23% of other facilities have been trained in no-scalpel vasectomy; 39% of hospitals and 26% of other facilities have been trained in providing implants. Only one or two percent of pharmacists/PMS vendors reported having received training in mini-laporotomy, in noscalpel vasectomy or in providing implants.

Figure 3.3 shows the percentage of providers who had received training in STI diagnosis and

in PAC at the time of the survey. About 7 out of 10 providers at hospitals, 1 in 3 providers at other facilities, and 1 in 10 pharmacists/PMS vendors had received training in STI diagnosis; about 7 out of 10 providers at hospitals, 1 in 4 providers at other facilities, and 1 in 25 pharmacists/PMS providers reported they had received training in PAC.

Availability of FP Products and Educational Materials

Figure 3.4 shows the various hormonal methods provided at facilities that provide family planning. About 80% of hospitals and other facilities and 52% of pharmacies/PMS surveyed provide the combined pill. About half of hospitals and other facilities provide the progesterone pill, while 1 in 5 pharmacies/PMS provide this type of pill. About 8 out of 10 hospitals, 9 out of 10 other facilities, and 1 in 5 pharmacies/PMS provide Depo-provera. More than half of hospitals and other facilities provide Noristerat, while 1 in 10 pharmacies/PMS provide it. About 1 in 10 hospitals and other facilities provide implants; fewer than 1 in 20 pharmacies/PMS provide implants. About half of hospitals and 1 in 3 other facilities and pharmacies/PMS provide emergency contraception. A total of 87% of hospitals, 55% of other facilities, and 9% of pharmacies/PMS reported that they provide IUDs.

Figure 3.5 shows the percentage of facilities that provide various barrier methods and counseling for natural methods. Nine out of 10 pharmacies/PMS and 7 out of 10 hospitals and other facilities provide the male condom. About 1 in 5 hospitals, 1 in 7 other facilities, and 1 in 20 pharmacies/PMS provide the female condom. A total of 32% of hospitals, 7% of other facilities, and 13% of pharmacies/PMS provide the diaphragm. Foaming tablets are provided by 34% of hospitals, 29% of other facilities, and 18% of pharmacies/PMS. Counseling about natural FP methods is provided by 82% of hospitals, 68% of other facilities, and 27% of pharmacies/PMS surveyed.

Figure 3.6 shows the percentage of facilities that had stock-outs of various FP methods at the time of the survey (among those outlets that normally stock the method). The level of stock-out was highest for Noristerat and lowest for the male condom: Noristerat was out of stock in 29% of facilities and the male condom in 4% of facilities. About 20% of facilities that provide the progesterone pill, Depo-Provera, and foaming tablets reported that these methods were not in stock at the time of the survey.

Figure 3.7 shows the percentage of facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS. A total of 82% of hospitals, 61% of other facilities, and 10% of pharmacies/PMS have visual aids or pamphlets about family planning. About 7 out of 10 hospitals and other facilities have STI/HIV/AIDS materials, while 1 in 25 pharmacies/PMS have such materials.

Family Planning Materials (Equipment)

Figure 3.8 shows the percentage of facilities that have various items to provide family planning services. All hospitals have at least one table/stool for gynecological examination, handwashing items, water for hand-washing, and a decontamination solution. Nearly all hospitals have a working spotlight source and clean gloves and 9 out of 10 hospitals have a Sharps container. About 8 out of 10 other facilities have hand-washing items, water for handwashing, and clean gloves. About 7 out of 10 other facilities have a decontamination solution, 6 out of 10 have a Sharps container, and 5 out of 10 have at least a table/stool for gynecological examination. Only 1 in 3 other facilities have a working spotlight source.

Record-Keeping, Storage, and Supervision

Figure 3.9 shows the percentage of facilities that maintain a register for family planning consultations and the percentage that maintain individual client records. About 6 out of 10 hospitals, 7 out of 10 other facilities, and 1 in 16 pharmacies/PMS maintain family planning registers. About 9 in 10 hospitals, 7 out of 10 other facili-

ties, and only 1 in 25 pharmacies/PMS maintain individual client records.

Figure 3.10 shows the percentage of facilities that store contraceptives correctly and the percentage that had contact with a supervisor in the last six months. Correct storage of contraceptives is very high in general, with more than 9 out of 10 hospitals, other facilities, and pharmacies/PMS keeping contraceptive methods off the ground and protected from the sun. About 6 out of 10 other facilities, 5 out of 10 hospitals, and 3 out of 10 pharmacies/PMS had had contact with a supervisor in the six months prior to the survey.

Figure 3.1 Percentage of family planning facilities in which family planning services were being provided on the day of the survey

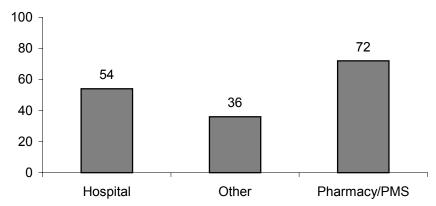


Figure 3.2 Percentage of family planning providers who ever received in-service family planning training

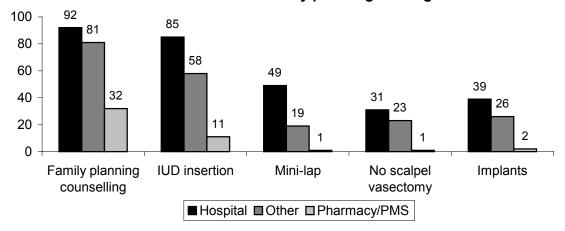


Figure 3.3 Percentage of family planning providers who received in-service STI diagnosis & postabortion care training

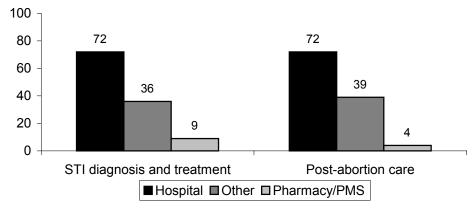


Figure 3.4 Percentage of family planning facilities that provide various hormonal methods

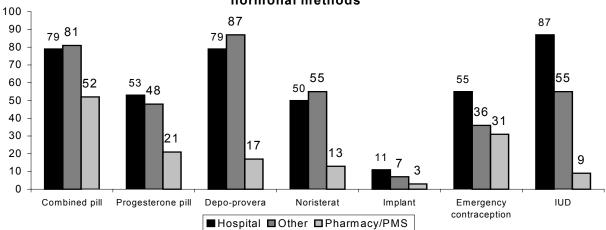


Figure 3.5 Percentage of family planning providers who provide barrier methods or counseling for natural methods

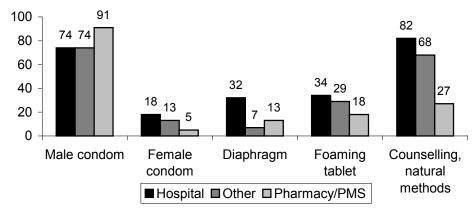


Figure 3.6 Percentage of facilities that provide specific FP methods that did not have that method in stock

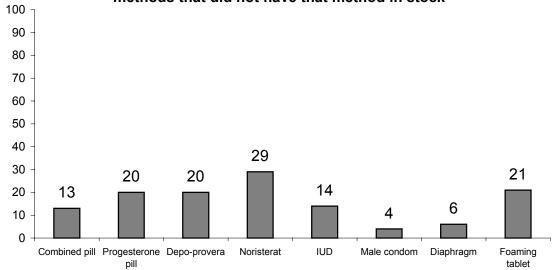


Figure 3.7 Percentage of facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS

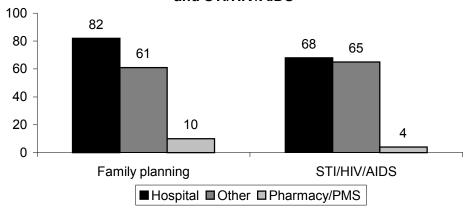


Figure 3.8 Percentage of facilities that have various items to provide family planning services

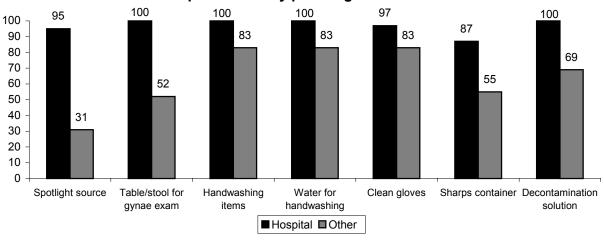


Figure 3.9 Percentage of facilities that maintain a register for family planning consultation and percent that maintain individual client records

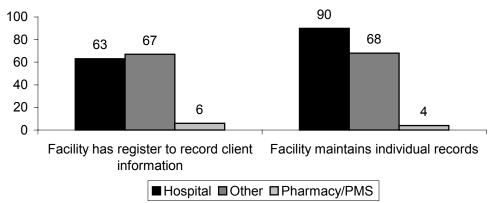
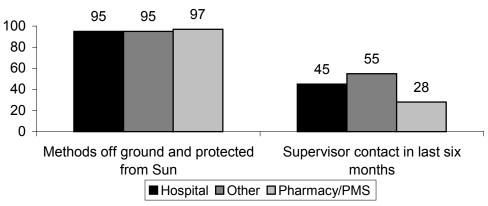


Figure 3.10 Percentage of facilities that store contraceptive methods correctly and percent that had supervisor contact



Chapter IV. STI and HIV/AIDS Services

This chapter presents information on the number and type of facilities that provide STI and HIV/AIDS services and/or commodities, availability of guidelines for diagnoses and treatment for STIs, record-keeping, types of STI tests conducted, VCT, confidentiality, consent and notification procedures, and supervision.

STI and HIV/AIDS Service Provision

Nearly 54% of all facilities, or 145 facilities, provide STI/HIV/AIDS services or commodities. Of the 145 facilities offering STI and HIV/AIDS services, 141 specifically offer STI services or commodities. About 30% of facilities that offer STI services are hospitals, 18% are "other" facilities (i.e., health centers or family planning clinics) and 52% are pharmacies or patent medicine stores (not shown).

Figure 4.1 shows the percentage of STI facilities that offered STI services/commodities on the day of the survey and the percentage that had visuals aids or pamphlets for teaching about STIs/HIV/AIDS. A total of 63% of hospitals, 59% of pharmacies/PMS, and 28% of other facilities offered STI services/commodities on the day of the survey. A total of 72% of hospitals, 64% of other facilities, and 8% of pharmacies/PMS had visual aids or pamphlets for teaching about STIs/HIV/AIDS.

Availability of Guidelines for Diagnosis and Treatment

Figure 4.2 shows whether guidelines for diagnosing STIs/HIV are available in the counseling or service provision area. About 7 out of 10 hospitals and 6 out of 10 other facilities have clinical guidelines for diagnoses and treatment of STIs; 6 out of 10 hospitals and 3 out of 10 other facilities have guidelines for using the syndromic approach for STI diagnosis and treatment; 4 out of 10 hospitals and 1 out of 10 other facilities have guidelines for diagnosing HIV/AIDS; 1 out of 3 hospitals and 1 out of 10 other facilities have clinical guidelines for treating HIV/AIDS.

Figure 4.3 shows how diagnoses of STIs are made in the facility. Hospitals are more likely than FP clinics and health centers to make syndromic (44% vs. 32%) or etiologic (62% vs. 40%) diagnoses, whereas FP clinics and health centers are more likely to make clinical diagnoses of STIs (84% vs. 67%).

Tests for STIs and HIV/AIDS, TB, and VCT

Figure 4.4 shows the types of STI tests conducted in facilities. More than half of hospitals and 1 in 3 other facilities conduct syphilis tests or collect specimens to test for syphilis to send elsewhere; about 6 out of 10 hospitals and 4 out of 10 other facilities conduct gonorrhea tests or collect specimens to test for gonorrhea elsewhere; about half of hospitals and 1 in 3 other facilities conduct or collect specimens for the tuberculosis sputum test; 1 in 3 hospitals and 1 in 4 other facilities conduct or collect specimens for HIV/AIDS tests.

Figure 4.5 shows the percentage of facilities that offer VCT. About 1 in 5 facilities offer VCT, with 30% of hospitals and 8% of other facilities providing VCT.

Record-Keeping

Figure 4.6 shows the percentage of facilities that record STI consultation information: 61% of hospitals, 40% of other facilities, and 16% of pharmacies/PMS.

Confidentiality, Consent, and Notification Procedures

Figure 4.7 shows facilities that have confidentiality and informed consent protocols for STI/VCT/HIV testing. About 91% of hospitals and 76% of other facilities have confidentiality protocols. A total of 74% of hospitals and 60% of other facilities have informed consent protocols

Figure 4.8 shows whether facilities have active or passive partner notification or follow-up. About 41% of facilities always contact partners or conduct follow-up, 25% sometimes contact partners or conduct follow-up, and 13% ask clients to inform or bring their partner in for testing/counseling. About 21% of facilities have no mechanism for partner notification.

Figure 4.9 shows the percentage of facilities that always contact partners or conduct follow-up and the percentage of facilities that submit reports to the Ministry of Health or a public health agency about STI cases diagnosed. About 35% of hospitals and 52% of other facilities always contact partners or conduct follow-

up. A total of 21% of hospitals and 32% of other facilities submit reports of STI cases to the Ministry of Health or to a public health agency.

Supervision

Figure 4.10 shows the percentage of facilities that had a supervisory contact in the six months prior to the survey. In 26% of hospitals, 24% of other facilities, and 21% of pharmacies/PMS, a supervisor had spoken to the provider or observed their work.

Figure 4.1 Percentage of facilities that offered STI services on the day of the survey & percent of facilities that have visual aids/pamphlets for teaching about STI/HIV

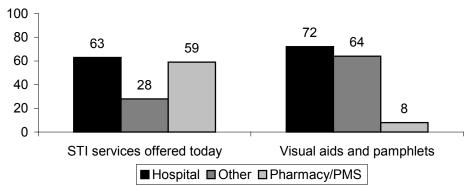


Figure 4.2 Percentage of facilities with guidelines for diagnosis and treatment STIs/HIV

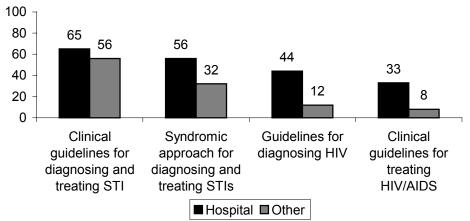


Figure 4.3 Percentage of facilities that diagnose STIs based on syndromic, etiologic, or clinical factors

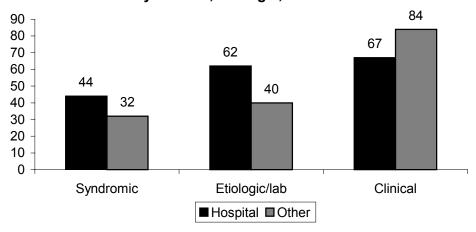


Figure 4.4 Percentage of facilities that conduct tests for various STIs and TB

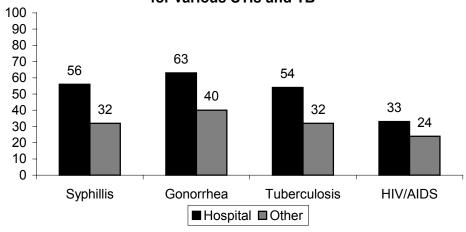


Figure 4.5 Percentage of facilities that offer VCT

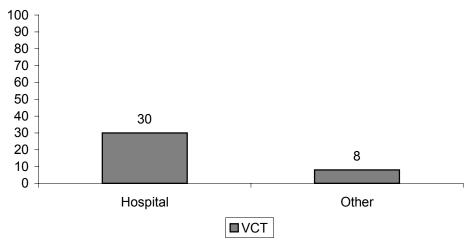


Figure 4.6 Percentage of facilities that have a register to record STI consultation information

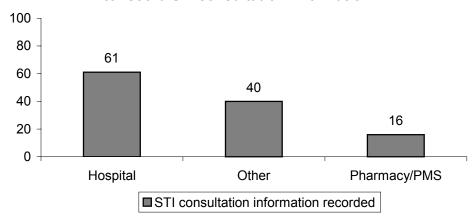


Figure 4.7 Percentage of facilities that have confidentiality & informed consent protocols for HIV/AIDS testing

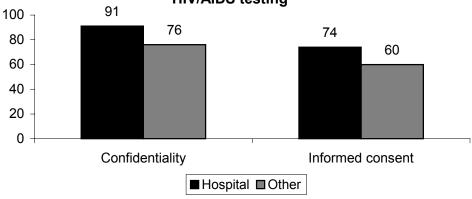


Figure 4.8 Percentage of facilities with active or passive partner notification or follow-up

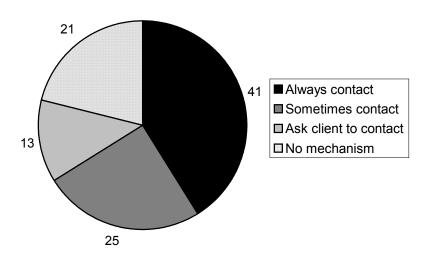


Figure 4.9 Percentage of facilities that always contact partners or follow up & percent that submit reports to MOH

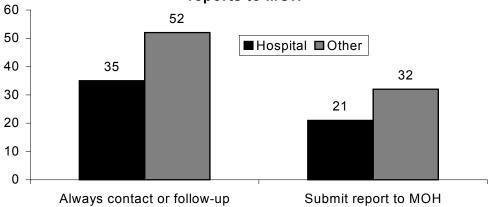
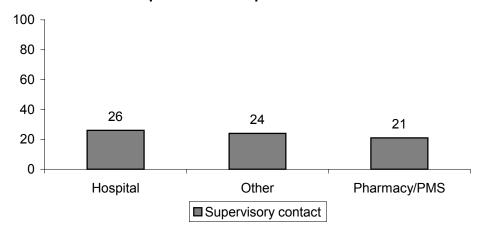


Figure 4.10 Percentage of facilities that had contact with a supervisor in the previous six months



Chapter V. Postabortion Care

This brief chapter presents information on facilities that provide PAC, availability of equipment and supplies for PAC, availability of protocols, and provision of FP and STI services to PAC clients.

Provision of PAC

About 1 in 5 facilities, or 57 facilities, provide PAC services. Thirty-five of these facilities are hospitals, 16 are "other" facilities (i.e., health centers or family planning clinics), and 6 are pharmacies/patent medicine stores (not shown).

Figure 5.1 shows the percentage of these facilities that were providing PAC services on the day of the survey and the percentage that maintain a register to record information on PAC clients who receive treatment. Slightly more than 4 in 10 facilities provide postabortion care services, and 4 in 10 facilities maintain a register on PAC clients.

Equipment and Supplies for PAC

Figure 5.2 shows the percentage of facilities providing PAC services that have equipment and supplies available for PAC. The majority of facilities have the equipment and supplies available for PAC, Nine out of 10 facilities have an examination couch, sponge holding forceps and Mackintosh; 8 out of 10 facilities have tenaculums, cervical dialators and dressing towels; 7 out of 10 facilities have manual vacuum aspiration kits, sharp curettes, and sterilizing drums.

Availability of Protocols and Guidelines

Figure 5.3 shows the percentage of facilities providing PAC services that have protocols and guidelines on PAC and the percentage that provide family planning services. About half of PAC facilities have protocols and guidelines on PAC.

Provision of FP and STI Services to PAC Clients

Most PAC facilities provide family planning counseling and contraceptive methods: 97% of facilities that provide PAC also provide family planning counseling and 86% provide contraceptive methods.

Figure 5.4 shows the percentage of facilities that provide various family planning methods to PAC clients. Most facilities provide the pill (79%), the injectable (74%), the male condom (72%), and the IUD (61%) to PAC clients.

Figure 5.5 shows the percentage of facilities that routinely treat STIs and the percentage that routinely offer counseling and testing for HIV/AIDS. About 83% of facilities that offer PAC services routinely treat STIs and 49% offer counseling and testing for HIV.

Supervision

A supervisor had spoken to the provider or observed him/her in the six months previous to the survey in a total of 23% of the facilities that provide PAC (not shown).

Postabortion Care 27

Figure 5.1 Percentage of PAC-providing facilities that provided PAC services on day of survey and percentage that maintain register on PAC clients

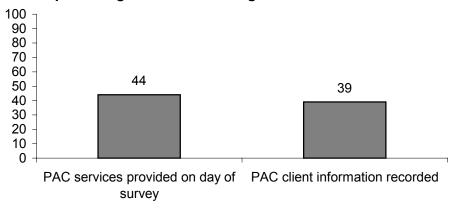


Figure 5.2 Percentage of facilities proving PAC services that have equipment and supplies available for postabortion care

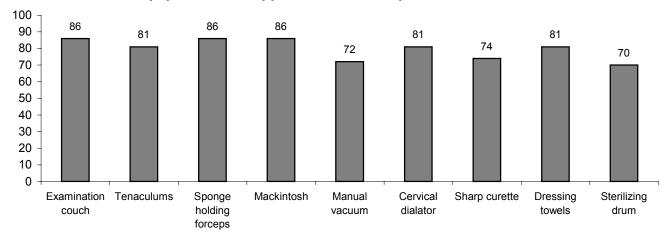


Figure 5.3 Percentage of facilities that have protocols and guidelines on PAC and percentage that provide FP counseling and contraceptive methods

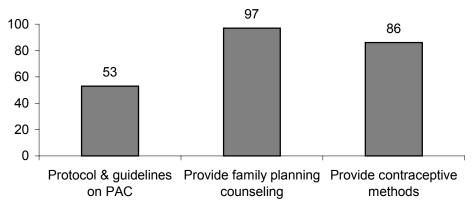


Figure 5.4 Percentage of facilities that provide various family planning methods to PAC clients

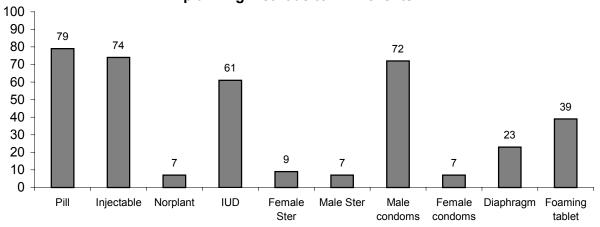
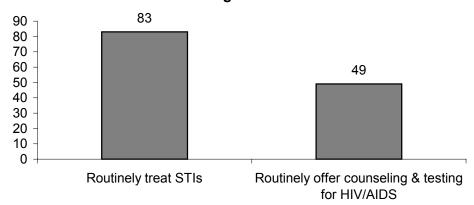


Figure 5.5 Percentage of facilities that routinely treat STIs and percentage that routinely offer counseling and testing for HIV/AIDS



Postabortion Care 29

References

Adewuyi, A. 2003. Field Report on the MEASURE Evaluation Baseline Survey of the VISION Project 2002. Centre for Research, Evaluation Resources and Development. Ile-Ife, Nigeria.

Agha, S., G. Escudero, J. Keating, and D. Meekers. 2003. Nigeria (Bauchi, Enugu, and Oyo) Family Planning and Reproductive Health Survey 2002. MEASURE *Evaluation* Technical Report Series, No. 16. Carolina Population Center, UNC.

Centre for Research, Evaluation Resources and Development (CRERD). 2002. Implementation of Baseline Household and Facility Surveys on Family Planning and Reproductive Health. Ile-Ife, Nigeria.

Federal Ministry of Health (FMOH). 2002. Health Facilities Data Base in Nigeria by State, LGA, Type and Ownership. Department of Health Planning and Research, National Management Information Systems (NHMIS). Abuja.

Motherland Nigeria. 2003. http://www.motherlandnigeria.com/health.html

National Population Commission. 2000. *Nigeria Demographic and Health Survey 1999*. Calverton, Maryland: National Population Commission and ORC/Macro.

ORC/Macro International. 2002. Service Provision Assessment (SPA): Facility Inventory Core.

United States Agency for International Development (USAID). 2003. http://www.usaid.gov/ng/so4.htm

United States Agency for International Development (USAID). 2002. Health and Family Planning Overview Nigeria. USAID, Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP).

The World Bank Project Data. 2001. http://www4.worldbank.org/sprojects/Project.asp?pid=P070290

References 31

Appendix A – Facility Questionnaire

Facility Questionnaire A-1

MEASURE *EVALUATION* BASELINE SURVEY FOR VISION PROJECT 2002 FACILITY QUESTIONNAIRE

			IDENTIFIC	OITA	N				
LOCAL GOVERNMENT AREA	Bauchi Alkaleri Bauchi Giade Kirfi	1 2 3 4	Enugu Enugu East Enugu North Igbo Etiti Nkanu West	6 7 8 9	Ibara	Oyo an S.W. pa East om. So.	11 12 13 14		
COMMUNITY/WARD	Tafawa Balewa	5	Udenu	10	Orire		15		
ENUMERATION AREA									
NAME OF FACILITY									
TYPE OF FACILITY PUBLIC SECTOR Teaching Hospital Govt. Hospital Govt. Health Center/Maternity FP Clinic Other Public	1 2 3 4 5	Prvt. Prvt. Prvt. Prvt. Pharr PMS	ATE SECTOR Hospital Health Center/Ma FP Clinic Doctor nacy Private	aternti	y	6 7 8 9 10 11			
LOCALITY OF Peri-urba FACILITY Rural	1 an 2 3								
			INTERVIEW	/ER V	ISITS				
	1		2	2			3		FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*			_					YEA	NTH AR
NEXT VISIT: DATE TIME			_						TAL NO. VISITS
RESULT CODES: 1 COMPLETED 2 NO ONE AVAILAB 3 POSTPONED	4 BLE 5 6	PA	FUSED RTLY COMPLET CAPACITATED	ED		7	ОТН	ĒR	(SPECIFY)
SUPERVISO NAME DATE	_ [OFFICE ED	DITOR		KEYED	BY		

Facility Survey GPS Log

CHECKLIST

L	_ Tuf	RN GARMIN	ON						
	WAI	IT UNTIL ACC	CURACY AT	LEAST WITHIN 15 M	ETERS (NO MORE T	HAN 15 METERS)		
г	Pri T	ESS <i>PAGE</i> B	UTTON UNT	IL YOU REACH <i>ME</i> N	U SCRE	EN AND SEL	ECT MARK		
-	SA\	/E WAYPOIN	NT						
L	□ Red	CORD ALTIT	UDE						
	Col	PY WAYPOII	NT POSITIOI	N FROM THE WAYPO	INT PAG	BE .			
] Pri	ESS <i>PAGE</i> B	UTTON TO F	REACH <i>MENU</i> SCRE	EN AND	SELECT W	AYPOINT		
	VEF	RIFY THAT C	OORDINATE	E IS LISTED					
	☐ Tur	RN UNIT OF	F						
				POSITI	ON				
G	PS UNIT NUMBER								
	AYPOINT NUMBER .								
Al	LTITUDE (ELEV)								
					N/S/\	N/E I I	DEGREES DEC	CIMAL DEGREES	
	ATITUDE (N/S)								
LC	ONGITUDE (W/E)								
<u></u>		Co	nsent ar	nd Type of Se	rvices	Provide	ed at Facility		<u> </u>
NO.	QUESTIONS					ICATION		SKIIP	
100A	FIND THE MANAGE PRESENT AT THE I SERVICES. READ	FACILITY.	FOR PMS	/PHARMACY, FIN					
	Hello. I am working We are carrying out service delivery. We Please be assured to for your help to ensappropriate person tinterview at any time	a survey of would be hat the info sure that to provide i	f health fact interested ormation is he informa	cilities that provide I in talking to you completely confic ation collected is	reprod about t lential. accura	uctive hea his facility The intervite. If the	Ith services with the and your experien view will not take m re are sections wh	e goal of finding w ces in providing h nuch of your time. nere someone els	rays to improve nealth services. We are asking se is the most
	Do you have any que	estions for	me? Doll	have your agreem	ent to p	articipate?	•		
	INTER (Indicates respo	RVIEWER'S ndent's will				DATE	E		
100B	May I begin the inter	view?							→STOP
100C	RECORD THE TIME	(START C	F INTER\	/IEW)		HOUR			
						MINUTES	3		
101A- C	A) Does this facility following services or			B) Do you (mana provide SERVIC	ager) po E?	ersonally	C) Which of the reservices are prov		
	1) Family Planning	YES 1->B	NO 2	1) Family Planni	ng	205	1) Family Planning	200A	
	2) STI/HIV/AIDS	1->B	2	2) STI/HIV/AIDS		305	2) STI/HIV/AIDS	300A	
	Postabortion Care	1->B	2	Postabortion Care		405	Postabortion Care	400A	
	FIRST COMPLETE					THEN COM	MPLETE ANY OTH	ER SECTIONS	PMS/ PHARMACY

Section 1. General Information

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP
102	Routinely, how many days each week is the facility open?	NUMBER OF DAYS	
103	What time is the facility scheduled to open and close? USE MILITARY TIME TO COMPLETE THE TIMES. IF OPEN 24 HOURS, RECORD 24:00 IN OPEN.	OPEN: :	
		CLOSE:	
104	In what year did this facility open?	YEAR OPENED	
		YEARS OLD DON'T KNOW9998	
105A- J	Now I have some questions about the staff who provide services . How many regular staff of each type does this facility have?	DON 1 KNOW9996	
	QUALIFICATION	TOTAL NUMBER	
	A) PHYSICIANS/SPECIALISTS (E.G., OB/GYN)	PHYSICIAN	
	B) NURSE/MIDWIFE	NURSE/MIDWIFE	
	C) NURSES	NURSE	
	D) MIDWIVES	MIDWIFE	
	E) AUXILLIARY NURSES	AUX NURSE	
	F) COMMUNITY HEALTH OFFICER (CHO)	СНО	
	G) COMMUNITY HEALTH EXTENSION WORKER (CHEW)	CHEW	
	H) PHARMACIST	PHARMACIST	
	I) PMS VENDOR	PMS VENDOR	
	J) OTHER(S)(SPECIFY)	OTHER	
106A	SUM THE NUMBER OF STAFF REPORTED IN 105A-J AND ENTER TOTAL.	TOTAL	
106B	CHECK 106A:		
	Just to make sure that I have this right: you have in TOTALStaff working at this facility who provide services. Is that correct?		
	YES NO PROBE AND CORRECT 105A-J AS		
	NECESSARY.		

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
	ALL RESPONDENTS		
107	Do you have an estimate of the size of the population living in the area served by this facility? IF YES: How many people is that?	NO CATCHMENT AREA	
	IF PMS/PHARMACY, SKIP TO Q136	DON 1 KNOW	PMS/PHAR MACY→136
108	Does this facility routinely admit inpatients for treatment?	YES	→ 110
109	Does this facility have beds for overnight observation?	YES	
110	Does this facility have a formal system for reviewing management or administrative issues?	YES	→ 113A → 113A
111	How often do formal meetings to discuss the facility management/administrative issues take place?	WEEKLY	
112	Is an official record of meetings maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES/NOTES) FROM THE MOST RECENT MEETING	YES, RECORD OBSERVED	
113A	Are there any ROUTINE meetings about facility activities or management issues that include both facility managers and service providers?	YES	
113B	Are there any <u>ROUTINE</u> meetings about facility activities or management issues that include both facility managers and community members?	YES	
114A	Does this facility have any system for determining client opinion about the health facility or services?	YES	→ 117A → 117A
114B	Which of the following systems does the facility have for determining client opinion? 1) Suggestions box 2) Client survey form 3) Client interview 4) Other system	YES NO 1) SUGGESTION BOX 1 2 2) CLIENT SURVEY FORM 1 2 3) CLIENT INTERVIEW 1 2 4) OTHER 1 2	
115	Is there a procedure for reporting on client opinion?	YES	
116	In the past 3 months have any changes been made in the program as a result of client opinion? IF YES, DESCRIBE THE CHANGES MADE.	YES 1 (SPECIFY) NO	
117A	Does this facility have an outreach program, that is a program where facility staff visit communities/wards on a regular basis to provide services?	YES	→ 118A → 118A
117B	Which of the following services are included in your outreach program? READ THE POSSIBLE RESPONSES.	YES NO 1)SCHOOL HEALTH PROGRAM 1 2 2)FP COUNSELING/PROVISION 1 2 2 3) STI/HIV/AIDS PREVENTION 1 2 4) IMMUNIZATION 1 2 5) OTHER	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION		s	KIP
118A	Does this facility have a formal relationship with traditional birth attendants (TBAs) in which training or other types of support are provided to the TBAs?	YES NO DON'T KNOW.	2	→ 11	
118B	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEENYES, DOCUMENT NOT SEENNO DOCUMENTATION	2		
119A	When was the last time a supervisor from OUTSIDE this facility visited the facility?	WITHIN THE LAST 6 MONTHS MORE THAN 6 MONTHS AGO NEVER SUPERVISED FROM OUTSIDE FACILITY	2	→ 12	
119B	The last time that a supervisor from outside the facility visited, did the supervisor: 1) Check some registers/books? 2) Discuss problems? 3) Discuss policy/administrative issues? 4) Discuss technical protocols/practices/issues? 5) Hold an official staff meeting? 6) Observe individual staff providing services? 7) Meet with staff individually? 8) Do anything else?	1) CHECKED REGISTERS 2) DISCUSSED PROBLEMS 3) DISCUSSED POLICY 4) DISCUSSED TECHNICAL MATTERS 5) HELD STAFF MEETING 6) OBSERVE SERVICE PROVISION	ES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2 2 2	
120	Does this facility have an ongoing supervision plan?	YES	2		
121A	Is there a standard form used for clients referred to other facilities?	YES NO FORM USED REFERRAL FACILITY DON'T KNOW	2 4	→122 →122 →122	
121b	Does the referral form have a section requiring client information explaining the reason for the referral?	YES NO DON'T KNOW	2		
122	How often does this facility have electricity? Always, often, sometimes, or never?	ALWAYS OFTEN SOMETIMES NEVER	2 3		
123	Does this facility have a working generator and fuel for it?	YES NO DON'T KNOW	2		
124	What is the most commonly used source of water for the facility at this time?	TAP	2 3 4 5		
125	Is this water source available on-site?	YES, ON-SITE			
126	Does the normal source of water for this facility vary seasonally?	YES	1 2		
127	Is there a waiting area for clients, where they are protected from sun and rain?	YES			
128	Is there a toilet (latrine) in functioning condition that is available for use by clients?	YES			
129	Does this facility have a working phone or short-wave radio?	YES		→ 131	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
130	Is there a phone or short-wave radio within five minutes time from the facility that staff can use in an emergency? IF YES: Is that phone or short-wave radio available 24 hours a day?	YES, AVAILABLE 24 HOURS	
131	Now I would like to ask you some questions about the infection prevention procedures that this facility follows. What is the method most commonly used for sterilizing syringes and needles?	DRY HEAT STERILIZATION 1 AUTOCLAVE 2 STEAM STERILIZATION 3 BOILING 4 CHEMICAL 5 OTHER 6 USE DISPOSABLES ONLY 0	
132	What is the most commonly used method for sterilizing other medical equipment (e.g., surgical instruments)?	DRY HEAT STERILIZATION 1 AUTOCLAVE 2 STEAM STERILIZATION 3 BOILING 4 CHEMICAL 5 OTHER 6 (SPECIFY) NONE 7	
133	How does this facility dispose of potentially contaminated waste and items that are not reused (e.g. bandages, syringes)?	BURNED IN INCINERATOR 1 BURNED IN OPEN PIT 2 BURNED AND BURIED 3 THROW IN TRASH/OPEN PIT 4 THROW IN PIT LATRINE 5 OTHER 6	
134	INTERVIEWER: ASK TO SEE PLACE USED FOR WASTE DISPOSAL	WASTE VISIBLE, NOT PROTECTED 1 WASTE VISIBLE, PROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 8	
135	ASSESS GENERAL CLEANLINESS OF FACILITY	FACILITY CLEAN1	
	-A FACILITY IS CLEAN IF THE FLOORS ARE SWEPT, COUNTERS/TABLES ARE WIPED AND FREE FROM OBVIOUS DIRT OR WASTE.	FACILITY NOT CLEAN2	
	ALL RESPONDENTS MUST ANSWER THE REMAINING QUESTI	IONS BELOW IN THIS SECTION	
136	Now, I'd like to ask you some questions concerning your training and experience. In what year did you start working at this facility?	YEAR	
137	How many years in total of primary and secondary education did you complete?	YEARS	
138	What is your current technical qualification	PHYSICIAN/SPECIALIST 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILLIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 (SPECIFY)	
139	What year did you graduate with this qualification?	YEAR NO YEAR OF GRADUATION/NA9998	

NO.	QUESTIONS AND FILTERS		CODE CLASIFICATION	SKIP
40	Now, I would like to ask you what you think is the most important issue which you feel need to be addressed for you to improve your work? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	b) T c) F d) M e) M STA f) M OR g) E FOI h) E EN' i) B	MORE STAFF	
	GO TO Q101		(or con 1)	→ 101

Section 2. Family Planning Services

NO.	QUESTIONS AND FILTERS		(CODE CL	ASIFIC	ATION		SKIP
200A	INTRODUCE YOURSELF AS FOLLOWS.							
	Hello. I am representing working with the Centre on Re Evaluation Project. We are carrying out a survey of health far ways to improve service delivery. We would be interested health services. This section should take between 10 – completely confidential. You may choose to stop the interview	cilities th in talkin 15 minu	at provide g to you al tes to con	reproduc	tive heal	th service and your	es with the experier	ne goal of finding nces in providing
	Do you have any questions for me? Do I have your agreement	nt to par	ticipate?					
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)		DATE					
200B	May I begin the interview?							→STOP
201	In what year did you start working at this facility?	YEAR.						
202	How many years in total of primary and secondary education did you complete?	YEARS	S	,	•			
203	What is your current technical qualification?	NURSI NURSI MIDWI AUXILI CHEW CHO	CIAN/SPE E/MIDWIFE EFE FELIARY NUF	RSE			2 .3 .4 .5 .6 .7	
204	What year did you graduate with this qualification?	YEAR.						
	ALL RESPONDENTS							
205	For how many years in total have you provided family planning services or products? (May be from another facility)	YEARS	S	••••				
	IF LESS THAN ONE YEAR, RECORD "00".			206A.	EVER	206B. L	AST 12	
206A-B	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you ever received any in-service training in			TRAI	NED	MON	ITHS	
	(SUBJECT)? IF YES, Did you receive this training in the last 12 months?			YES	NO	YES	NO	
			COUNS	1	2	1	2	
	1)Family planning counseling? 2)IUD insertion?	2) IUD		1	2	1	2	
	3) Mini-laporotomy? 4) No-scalpel vasectomy?	3) MIN		1	2	1	2	
	5) Implants (e.g., Norplant)? 6) STI Syndromic Management?	4) NSV		1	2	1	2	
	7) Other, STI diagnosis and treatment?	5) IMP		1	2	1	2	
	8) Postabortion Care (PAC)? 9) Other ?	6) STI		1	2	1	2	
	(SPECIFY)		IER STI	1	2	1	2	
		8) PAC		1	2	1	2	
		9) OTF	IER	1	2	1	2	
207	How many days in a week are family planning services or products provided at this facility?	# DAY	3		•••••			
208	Are family planning services or products being provided today?							

NO.	QUESTIONS AND FILTERS		С	ODE CLASII	ICATION		SKIP
209A- B	Which of the following methods of contraception are provided at this facility?	YES	S NO	DON'T KNOW	209B) Is t stock?	this method in	
	1) Combined and pill	4 \	2 2	0	YES	NO	
	1) Combined oral pill	1→E 1→E		8	1	2	_
	Progesterone only pill IUD/Coil	17		8	1	2	-
	Injectable Depo Provera (1 every 3 months)	17		8	1	2 2	-
	5) Injectable Noristerat (1 every 2 months)	17		8	1	2	-
	6) Implant (e.g., Norplant)	17		8	1	2	-
	7) Diaphragm/cap	1→E		8	1	2	-
	8) Male condom	1→E		8	1	2	-
	9) Female condom	1→E		8	1	2	-
	10) Foaming tablets/spermicides	1→E		8	1	2	-
	11) Emergency Contraception (e.g., after sex pill)	1→E		8	1	2	
	12) Counseling about natural family planning	1	2	8		_	IE 000 A 0
	IF 209A.8 IS NO, GO TO 211						IF 209A.8 IS NO → 211
210A- B	Now I would like to ask you about the brand of condoms that this facility provides.				210B) Is to in stock?	this BRAND	
	Which of the following condom brands are available at this facility?	YES	S NO	DON'T KNOW	YES	NO	
	1) COOL	1→E	3 2	8	1	2	
	2) GOLD CIRCLE	1→E		8	1	2	†
	3) TWIN LOTUS	1→E		8	1	2	†
	4) ROUGH RIDER	1→E		8	1	2	†
	5) DUREX	1→E		8	1	2	1
	6) ROMANTIC	1→E	3 2	8	1	2	
	7) EXOTICA	1→E	3 2	8	1	2	
	8) INTIMATE	1→E	3 2	8	1	2	
	9) NO LOGO	1→E		8	1	2]
	10) OTHER (SPECIFY)	1→E	3 2	8	1	2	
211	Are the contraceptive methods off the floor and protected fr water?	NC	S))N'T KNOW			2	
212	Are the methods protected from the sun?		S				
		_	N'T KNOW				
	IF DMC/DHADMACY CVID TO COAFA						PMS/
	IF PMS/PHARMACY, SKIP TO Q215A	T					PHARMACY -
213	Does this facility have a ROUTINE system for taking physic	cal lyF	S			1	
-	measurements for FP clients prior to the consultation (e.g.,)				
	weight and blood pressure)?		DN'T KNOW			8	
214	ASK TO SEE WHERE COUNSELING FOR FAMILY		PRIVATE RC			1	
	PLANNING IS PROVIDED AND INDICATE THE SETTING		ROOM WITH				
			W/ SEPARAT			2	
			ROOM WITH AND NO VIS	OTHER PEO UAL BARRIE)PLE R	3	
	ALL RESPONDENTS			1	ı		
215A	Are any of the following visual aids for teaching available in counseling or service provision area?	the	YES	N	0	DON'T KNOW	
	Different family planning methods		1	2	2	8	
	Visual aids for teaching about STIs		1	2	2	8	
	3) Visual aids for teaching about HIV/AIDS		1	2	2	8	
	Model for demonstrating use of condom		1	2)	8	
	5) Posters on family planning		1	2		8	
	Visual aids for teaching about breast cancer exams		1	2	2	8	

NO.	QUESTIONS AND FILTERS	C	ODE CLASIFICATIO	N	SKIP
215B	Are any of the following information booklets/pamphlets available for clients to take home?	YES	NO	DON'T KNOW	
	a) On family planning?	1	2	8	7
	b) On STIs?	1	2	8	1
	c) On HIV/AIDS?	1	2	8	
	d) On breast cancer?	1	2	8	
	e) On cervical cancer?	1	2	8	=
	e) On cervical cancer:	'		0	
215C	Are any of the following service delivery protocols available?	YES	NO	DON'T KNOW	
_100	a) Standards of Practice (SOP) for Family Planning Service in Nigeria	1	2	8	
	b) Guidelines for Management of Syndromic Diagnosis and Treatment of STIs	1	2	8	
	c) Infection prevention wallchart	1	2	8	
				-	
216	Is there a register where family planning consultation	YES		1	
-	information is recorded?	_			→ 218a
		-			→ 218a
217	How recent is the date of the most recent entry?		AST 7 DAYS		
218A	How many TOTAL clients (new and continuing) received family	NUMBER OF			
	planning services during the previous twelve (12) completed	FP CLIENTS			
	months?				
		DON'T KNOW		9998	
218B	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF	MONTHS OF			
	MONTHS REPRESENTED	DATA			
240	And the distributed all sections declared and section at 0	VEO 00000V	-D 04DD	4	
219	Are individual client cards/records maintained?	YES, OBSERVE	ED CARD OT SEEN	1	
	IE VES ASK TO SEE A DI ANK CARDIDECORD		L CARDS		
	IF YES, ASK TO SEE A BLANK CARD/RECORD. IF PMS/PHARMACY, GO TO 237	INO INDIVIDUAL	L CARDS		PMS/PHARMA
	IF FINIS/FRANINACT, GO TO 237				CY → 237
200	And alliants and the shates at all face OTIs are and alliants and several to	DOLLTING V.T.		4	
220	Are clients routinely treated for STIs or are clients referred to		REATS STIS THER PROVIDER	1	
	another provider or location for STI treatment?			2	
		NO TOEATMEN	NT PROVIDED	2	
21	Are antenatal care clients routinely counseled about family				
.21	planning?	-			
	pianing:	-			
22	Are postpartum clients routinely counseled about family planning				
.22	Are postpartum clients routinely counseled about family planning				
		-			
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMI				
	THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN				
	CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.	THE ROOM WITH	LICE THE EXAMINA	1101410	
		FP COUNSF	LING	1	→ 225A
	IF SAME EXAMINATION ROOM HAS ALREADY BEEN		LII 10		→ 226A
23			TION CARE		→ 226A
23	OBSERVED. NOTE FOR WHICH MODULE THE ROOM WAS		DUSLY SEEN		2 ==0//
223	OBSERVED, NOTE FOR WHICH MODULE THE ROOM WAS ASSESSED:	INUI PREVIO			_
223	ASSESSED:	NOT PREVIO			
	,		OM	1	
	ASSESSED:	PRIVATE RO	OOM OTHER PEOPLE	1	
	ASSESSED:	PRIVATE RO	OTHER PEOPLE		
223	ASSESSED:	PRIVATE RO ROOM WITH W/ SEPARAT			

NO.	QUESTIONS AND FILTERS		CODE CLASIFICATION				
25A-G	Does this facility have the following items to provide family planning services?	YES	NO		DON'T KNOW		
	a) A working spotlight source (flashlight or examination light accepted)	1	2		8		
	b) Table and stool for gynecological exam	1	2		8		
	c) Hand-washing items (soap and towel)	1	2		8		
	d) Water for hand-washing	1	2		8		
	e) Clean gloves	1	2		8		
	f) Sharps container	1	2		8		
	g) Decontamination solution for clinical equipment	1	2		8		
26A-D	OTHER EQUIPMENT						
	Blood pressure gauge	1	2		8		
	B) Stethoscope	1	2		8		
	C) Weighing scale	1	2		8		
	D) Sterile needle and syringe	1	2		8		
27	Does this facility offer mini-laparotomy female sterilization under and	esthesia?	MINI LAP OFFERED1 MINI LAP NOT OFFERED2		→ 229		
28A-O	Does this facility have the following equipment and supplies availab working order for mini-laparotomies?	le and in	YES	NO	DON'T KNOW		
	a) Tubal hook			2	8	1	
	b) Uterine elevator	1	2	8	4		
	c) Forceps baby babcock	1	2	8			
	d) Retractor	1	2	8			
	e) Sponge holding forceps	1	2	8			
	f) Kockers forceps (long)	1	2	8			
	g) Straight artery forceps 5"	1	2	8			
	h) Vaginal speculum	1 1	2	8			
	i) Dissecting scissors			2	8		
	j) Blunt dissecting forceps			2	8		
	k) Toothed dissecting forceps l) Needle holder		1 1	2	8		
	m) Kidney dish		1	2	8	-	
	n) Round body needle		1	2	8		
	o) Cutting needle		1 1	2	8	-	
	of Saturd House				OFFERED1		
9	Does this facility offer No Scalpel Vasectomy?				FERED2	→231	
80A-D	working order for No Scalpel Vasectomy?	Does this facility have the following equipment and supplies available and in working order for No Scalpel Vasectomy?			DON'T KNOW		
	a) Vas dissecting forceps		1	2	8		
	b) Extracutaneous ringed forceps c) Small angled dissecting scissors		1 1	2	8		
	d) Needle and syringe (5cc)		1	2	8	1	
	a,a and ojinigo (ooo)		YES		1		
31	Does this facility offer the IUD or Norplant?		NO			→ 237	
32	Does this facility have the following supplies for both procedures:	YES	NO		DON'T KNOW	1	
	a) Sterile gloves	1	2		8	4	
	b) Antiseptic solution (e.g.lodine)	1	RED2		8		
3	Does the facility offer the IUD?		OFFERED			→ 235	
34	Does this facility have the following materials for the IUD: a) Speculum	YES 1	NO 2		OON'T KNOW 8	4	
	b) Sponge holding forceps	1	2	-	<u> </u>	1	
	c) Uterine sound	1	2	1	8	1	
	d) Tenacula	1	2		8	1	
	e) Sterile IUD kit which includes Tenacula and uterine sound	1	2		8	1	
	, and the state of		T OFFERED				
35	Does this facility offer Norplant?		T NOT OFFER			→ 237	

NO.	QUESTIONS AND FILTERS		CODE CLASIFICATION			
236A-E	Does this facility have the following materials for Norplant:	YES	NO	DON'T KNOW		
.00, (_	a) Local anesthetic (e.g., lidocaine)	1	2	8		
	b) Sterile syringe and needle	1	2	8		
	c) Any forceps for grasping implant (artery forceps/ hemostat/ tweezer / mosquito forceps)	1	2	8		
	d) Scalpel with blade	1	2	8		
	e) Minor surgical kit with scalpel, blade, <u>and</u> some forceps for grasping implant	1	2	8		
	ALL RESPONDENTS MUST ANSWER THE REMAINING QUESTI	ONS BELC	W IN THIS SECTION			
237	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your family planning work or observe your work?	NO	OW	2	→ 240 → 240	
	your fairing planning work or observe your work:	DONTRIN	Ovv		7 240	
238	How many times in the last six months has your family planning work been supervised?	NUMBER	OF TIMES			
239A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW		
	a) Check your records/reports	1	2	8		
	b) Observe your work	1	2	8		
	c) Provide feedback on your performance	1	2	8		
	d) Provide updates on administrative or technical issues related to your work	1	2	8		
	e) Discuss problems you have encountered	1	2	8		
	f) Discuss job expectations	1	2	8		
	g) Anything else (SPECIFY)	1	2	8		
240	What is the most important issue that you feel needs to be address improve your work in family planning? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	b) TR c) PA d) M(e) M(STAF f) M(OR S g) EM FOR ENVI	DRE STAFF PEAT STAFF BETTER TO BETTER DRE TRAININGD DRE FEEDBACK ON F PERFORMANCEE PEE/BETTER EQUIPM UPPLIES MERGENCY TRANSPO PATIENTS TTER PHYSICAL RONMENT TTER SECURITY HER			

Section 3. STI and HIV/AIDS Services

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
300A	INTRODUCE YOURSELF AS FOLLOWS.		
	Hello. I am representing working with the Centre on Resea <i>Evaluation</i> Project. We are carrying out a survey of health far finding ways to improve service delivery. We would be interest providing health services. This section should take 10 – 15 is completely confidential. You may choose to stop the interview at a service of the inter	cilities that provide reproductive health services sted in talking to you about this facility and you minutes to complete. Please be assured that t	with the goal of ur experiences in
	Do you have any questions for me? Do I have your agreement to	participate?	
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE	
300B	May I begin the interview?	YES	→STOP
301	In what year did you start working at this facility?	YEAR	
302	How many years in total of primary and secondary education did you complete?	YEARS	
303	What is your current technical qualification	PHYSICIAN 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 (SPECIFY)	
304	What year did you graduate with this qualification?	YEAR	
	ALL RESPONDENTS		
305	For how many years in total have you provided STI services or products? (May be from another facility)	YEARS	
	IF LESS THAN ONE YEAR, RECORD "00".		
306	For how many years in total have you provided HIV/AIDS services or products? (May be from another facility)	YEARS	
	IF LESS THAN ONE YEAR, RECORD "00".		
307	First I want to ask specifically about services and products for STIs. Does this facility offer STI services or commodities to treat STIs?	YES	→ 326
308	Are STI services/commodities being offered at the facility today?	YES	
	IF PMS/PHARMACY, GO TO 315		PMS/PHARMA CY → 315
309	Are STI services offered in a special clinic or through general outpatient services?	SPECIAL CLINIC 1 GENERAL OUTPATIENT 2 OTHER 9 (SPECIFY)	
310	How many days per week are STI services available in either the special or general clinic?	# DAYS	
311	How are diagnoses of STIs made in this facility? CIRCLE ALL THAT APPLY	SYNDROMIC 1 ETIOLOGIC/LAB 2 CLINICAL 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	C	ODE CLASIFIC	CATION	SKIP
312A-B	Does this facility have protocols on the following:	YES	NO	DON'T KNOW	
	a) Confidentiality Protocol for STI, VCT, HIV/AIDS clients?	1	2	8	
	b) Informed Consent Protocol for STI, VCT, HIV/AIDS testing?	1	2	8	
313	Does the facility normally perform partner notification or follow-up? IF YES, IS THIS EVER ACTIVE (FACILITY CONTACTS PARTNERS) OR ONLY PASSIVE (FACILITY ASKS CLIENT TO BRING/INFORM PARTNERS)	YES, EVER ACTIVE 1 YES, SOMETIMES ACTIVE 2 YES, ONLY PASSIVE 3 NO 4			→315 →315 →315
314	Do you have a form/referral form or register where clients for active follow-up are listed? IF YES, ASK TO SEE.	YES, REGISTYES, FORM/ NOT SEEN	TER SEEN REGISTER	1 	
	ALL RESPONDENTS				
315	Is there a register where STI consultation information is recorded?	NO		1 2 8	→318A →318A
316	Does the register indicate a specific type of STI diagnosed?	YES			
317	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS			
318A	How many people received STI services or products at this facility in the last 12 months?	NUMBER OF STI CLIENTS			
318B	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	DON'T KNOW99			
	IF PMS/PHARMACY, SKIP TO Q321A				PMS/PHARMA CY → 321A
319	Do you submit an official report externally (usually to the MOH or a public health agency) which indicate the numbers and types of STIs diagnosed? IF YES , is the report generated from consultation records or from the laboratory?	YES, LABOR YES, BOTH	ATORY		
320	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH SUSPECTED STI'S IS PROVIDED AND INDICATE THE SETTING.	ROOM WITH W/ SEPARAT ROOM WITH	OTHER PEOF TING BARRIER OTHER PEOF	R 2	
321A-J	Are any of the following available, in the counseling or service provision area?	YES	NO	DON'T KNOW	
	VISUAL AIDS FOR TEACHING		_	Î	4
	a) About STIs b) About HIV/AIDS	1	2 2	8	_
	c) Model for demonstrating use of condom	1	2	8	-
				Ü	Ī
	INFORMATION BOOKLET/PAMPHLET FOR CLIENT TO TAKE HOME				
	TAKE HOME d) On STIs	1	2	8	
	TAKE HOME d) On STIs e) On HIV/AIDS	1	2	8	
	take home d) On STIs e) On HIV/AIDS f) Are there Condoms present in the room?				
	TAKE HOME d) On STIs e) On HIV/AIDS f) Are there Condoms present in the room? SERVICE DELIVERY PROTOCOLS	1	2 2	8 8	
	TAKE HOME d) On STIs e) On HIV/AIDS f) Are there Condoms present in the room? SERVICE DELIVERY PROTOCOLS g) Clinical guidelines for diagnosing and treating STI? h) Guidelines for using syndromic approach for diagnosing and treating STI's	1 1 1	2 2 2 2	8 8 8 8	
	TAKE HOME d) On STIs e) On HIV/AIDS f) Are there Condoms present in the room? SERVICE DELIVERY PROTOCOLS g) Clinical guidelines for diagnosing and treating STI? h) Guidelines for using syndromic approach for diagnosing and treating STI's i) Guidelines for diagnosing HIV/AIDS?	1 1 1	2 2 2 2 2	8 8 8 8	
	TAKE HOME d) On STIs e) On HIV/AIDS f) Are there Condoms present in the room? SERVICE DELIVERY PROTOCOLS g) Clinical guidelines for diagnosing and treating STI? h) Guidelines for using syndromic approach for diagnosing and treating STI's	1 1 1	2 2 2 2	8 8 8 8	

				0.4.7.0.1	OKID
NO.	QUESTIONS AND FILTERS		CODE CLASIFI		SKIP
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR STIS AF ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE IMMEDIATELY ADJACENT ROOM.				
-	IF SAME EXAMINATION ROOM HAS ALREADY BEEN OBSERVED, NOTE FOR WHICH MODULE THE ROOM WAS ASSESSED:	POSTABOR	TION CARE	1 2 3	→325A →325A
323	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE RO ROOM WITH W/ SEPARA ROOM WITH	OOM I OTHER PEOF TING BARRIEF I OTHER PEOF	1 PLE R	
	RECORD WHETHER OR NOT THE FOLLOWING ITEMS REQU AVAILABLE IN WORKING CONDITION AT THIS FACILITY.	JIRED FOR S	TI EXAMINATIO		
324A-G	FACILITY AND EQUPMENT	YES	NO	DON'T KNOW	
324A-C	a) Spotlight source (flashlight or examination light accepted)	1	2	8	
	b) Table and stool for gynecological exam	1	2	8	
	c) Hand-washing items (soap and towel)	1	2	8	
	d) Water for hand-washing	1	2	8	
	e) Clean gloves	1	2	8	
	f) Sharps container	1	2	8	
	g) Decontamination solution for clinical equipment	1	2	8	
325A-E	OTHER EQUIPMENT				
020A-L	a) Speculum	1	2	8	
	b) Swab sticks	1	2	8	
	c) Microscope	1	2	8	
	d) Slides	1	2	8	
	e) Reagents	1	2	8	
326	Now I want to ask you specifically about any services related to HIV or AIDS. Does this facility offer any services related to HIV/AIDS?	YES		→ 346A	
327	Does this facility offer voluntary counseling and testing (VCT) for HIV?			1 2	→ 333
328	Are VCT services offered in a special clinic or through general outpatient services?		OUTPATIENT	1 2 6	
329A-0	When a VCT client is found to be positive for HIV, indicate how often clients are referred elsewhere or services are provided by the facility for the following:	SERVICE PROVIDED	REFERRED	NO SERVICE/NO REFERRAL	DON'T KNOW
-	a) Medical treatment and follow-up	1	2	3	8
	b) Diagnosis for TB	1	2	3	8
	c) Home-based care services	1	2	3	8
	d) Counseling on prevention of mother-to-child transmission	1	2	3	8
	e) Family planning service	1	2	3	8
	f) PLWHA (Persons Living With HIV/AIDS) support group	1	2	3	8
	g) Other social services	1	2	3	8
330	Is there a register where VCT client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGIS	TER NOT SEE	1 N2 3	→332a →332a
331	How recent is the date of the most recent entry?)1 2	
332A	How many people received VCT services in the last 12 months?	NUMBER OI CLIENTS			
332B	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF			998	
	MONTHS REPRESENTED	INCINTES OF	F DATA		

NO.	QUESTIONS AND FILTER	CODE CLASIFICATION					SKIP	_	
	FOR EACH OF THE FOLLOWING HIV/AID: REFERS ELSEWHERE, OR DOES NOT PR	S RELATED SI	ERVIC	ES, INDI	CATE IF THE	FACILITY PF	ROVIDES TH	HE SERVICE,	
333A-H	TYPE OF SERVICE	OVID	ES SERV	ICE					
		Out Patient	P	In atient	Both out and in	Refer else where	Noservic	-	
	a) Tuberculosis diagnose & treatment b) Opportunistic infections/diagnose &	1		2	3	4	5 5	8	
	treat c) Palliative (management of pain and	1		2	3	4	5	8	
	terminal care) d) Family planning services	1		2	3	4	5	8	
	e) Counseling on prevention of mother to child transmission	1		2	3	4	5	8	
	f) Psycho-social services	1		2	3	4	5	8	_
	g) Counseling/training for home care	1		2	3	4	5	8	
	h) Anti-retroviral Therapy	1		2	3	4 → 335	5 → 335	_	_
	,	L			-			7	_
334A	How many clients received antiretroviral ther last 12 months?	apy during the							
334B	IF DATA IS NOT FOR 12 MONTHS, INDICATE NUMBER DON OF MONTHS REPRESENTED			'T KNOW		998			
	MONTHS OF DATA								
335	ASK TO SEE WHERE CONSULTATION FO CLIENTS IS PROVIDED AND INDICATE TI		ROO W/S ROO AND	M WITH (EPARATI M WITH (NO VISU	OMOTHER PEOP NG BARRIER OTHER PEOP AL BARRIER AS STI CLIEN	LE LE	2		
336A-J	Are any of the following available, in the coulexamination room?	nseling or the		YE	S	NO	DON'T KNC	w	
	VISUAL AIDS FOR TEACHING			1		2	8		
	a) About STIs			1		2	8		
	b) About HIV/AIDS			1		2	8		
	c) Model for demonstrating use of condom INFORMATION BOOKLET/PAMPHLET FO TAKE HOME	R CLIENT TO		1		2	8		
	d) On STIs			1		2	8		
	e) On HIV/AIDS			1		2	8		
	f) Are there Condoms present in the room? SERVICE DELIVERY PROTOCOLS			1		2	8	_	
	g) Clinical guidelines for diagnosing and trea	ting STI?		1		2	8		
	h) Guidelines for using syndromic approach		and	1		2	8		
	treating STI's i) Guidelines for diagnosing HIV/AIDS?			1		2	8		
	j) Clinical guidelines for treating HIV/AIDS? (e.g. opportunis	tic	1		2	8		
	infection, anti-retroviral therapy) ASK TO SEE THE ROOM WHERE EXAMIN ITEMS, CHECK TO SEE IF THE ITEM IS IN	ATIONS FOR THE ROOM W	HIV/A /HERE	IDS CLIE	NTS ARE COL AMINATION I	NDUCTED. F	OR THE FO	DLLOWING N	
	IMMEDIATELY ADJACENT ROOM.		T						
	IF SAME EXAMINATION ROOM HAS ALRE OBSERVED, INDICATE FOR WHICH MODI WAS ASSESSED:		M	POSTABO	PLANNING ORTION CARI EVIOUSLY SEI	Ξ	2	→ 340 → 340	
338	DESCRIBE THE SETTING FOR THE EXAM	INATION ROO	М	PRIVATE ROOM W W/ SEPAI ROOM W	ROOMITH OTHER PRATING BARFITH OTHER PVISUAL BARF	EOPLE RIEREOPLE	2		

	QUESTIONS AND FILTERS		CODE CLASIFICATION				SKIP
339	Are any of the following available, in the examination room or immediately adjacent?	YE		NO		DON'T KNOW	
	a) Hand-washing items (Soap, Towel)	1		2		8	
	b) Water for hand-washing	1		2		8	
	c) Clean gloves	1		2		8	
10	Does this facility have protocols on the following?	YE	S	NO	D	DON'T KNOW	
	a) Confidentiality protocol for HIV/AIDS Clients?	1		2		8	
	b) Informed consent protocol for HIV/AIDS Clients?	1		2		8	
	c) Written protocols for referrals for HIV/AIDS clients for care and support services?	1		2		8	
41	Is there a register where information for HIV/AIDS clients receiving treatment is recorded?	NO				2	→343a →343a
42	How recent is the date of the most recent entry?				S		
43A	How may people received HIV/AIDS services (excluding VCT) in the past 12 months?	NUMBEI CLIENTS					
843B	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED			TA		998	
244	Dear the feelith have a mark prior to fellow as a referral 0						
44	Does the facility have a mechanism to follow-up on referrals? IF YES, ASK TO SEE RECORD OR FORM RELATED TO	NO				2	
	FOLLOW-UP MECHANISM. IF NO REFERRALS ARE MADE BECAUSE THIS IS REFERRAL FACILITY, INDICATE "4".						
	Does the facility have a list of care and support services to	_					
345	which clients can be referred? IF YES, ASK TO SEE LIST.	NO DON'T K				8	
346A-		-	NOW			8	
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the	DON'T K	COL SPEC TO S	LECT CIMEN SEND	SEND CLI	ENT	TEST NOT
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all?	DON'T K	COL SPEC TO S	LECT CIMEN		ENT	TEST NOT UTILIZED
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL)	DON'T K	COL SPEC TO S	LECT CIMEN SEND VHERE	SEND CLI ELSEWHI	ENT	UTILIZED 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea?	DON'T K	COL SPEC TO S ELSEV	LECT CIMEN SEND VHERE 2	SEND CLI ELSEWHI 3 3	ENT	UTILIZED 4 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis	DON'T K	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2	SEND CLI ELSEWHI 3 3 3	ENT	4 4 4 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS?	CONDUCT TEST 1 1 1 1	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2 2	SEND CLI ELSEWHI 3 3 3 3	ENT	4 4 4 4 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV)	CONDUCT TEST 1 1 1 1 1	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3	ENT	4 4 4 4 4 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load?	CONDUCT TEST 1 1 1 1	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2 2	SEND CLI ELSEWHI 3 3 3 3	ENT	4 4 4 4 4
46A-	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work?	CONDUCT TEST 1 1 1 1 1 1 1 YES	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3	ENT ERE	4 4 4 4 4 4 4
46A- 47	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work?	CONDUCT TEST 1 1 1 1 1 1 1 YES	COL SPEC TO S ELSEV	LECT CIMEN SEND WHERE 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3	ENT ERE	4 4 4 4 4 4 4
46A- 447	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised?	CONDUCT TEST 1 1 1 1 1 YES	COL SPEC TO S ELSEV	LECT CIMEN SEND VHERE 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3	ENT ::RE12 →3:	4 4 4 4 4 4 4
46A- 447 48 49A-	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised?	CONDUCT TEST 1 1 1 1 1 1 YES	COL SPEC TO S ELSEV	LECT CIMEN SEND VHERE 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3	ENT ERE1 2 →3:	4 4 4 4 4 4 4
46A- 447 448 49A-	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised?	CONDUCT TEST 1 1 1 1 1 1 YESNUMBER O	COL SPEC TO S ELSEV	LECT CIMEN SEND VHERE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3 3 0 DOM KNO 8	ENT ERE1 2 →3:	4 4 4 4 4 4 4
346A- 347 348	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised?	DON'T	COL SPEC TO S ELSEV	NO 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3 3 DON KNO 8	ENT ERE12 →3:	4 4 4 4 4 4 4
46A- 47 48 49A-	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised?	CONDUCT TEST 1 1 1 1 1 1 1 NO	COL SPEC TO S ELSEV	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3 3 0 0 0 0 0 0 0 0 0 0 0	ENT ERE12 →3:	4 4 4 4 4 4 4
	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised? What did your supervisor do the last time he/she supervised you? a) Check your records/reports b) Observe your work c) Provide feedback on your performance d) Provide updates on administrative or technical issues related to your work	CONDUCT TEST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COL SPEC TO S ELSEV	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3 3 3	ENT ERE12 →3:	4 4 4 4 4 4 4
346A-F 347 348 349A-G	which clients can be referred? IF YES, ASK TO SEE LIST. Does this facility conduct the following tests for STIs? IF NOT: Are specimens collected to be sent elsewhere, is the client sent elsewhere or is the test not performed at all? a) Syphilis? (VDRL) b) Gonorrhea? c) Sputum test for Tuberculosis d) HIV/AIDS? e) CD4 Count? (HIV) f) HIV Viral Load? ALL RESPONDENTS Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/HIV/AIDS work or observe your work? How many times in the last six months has your STI/HIV/AIDS work been supervised? What did your supervisor do the last time he/she supervised you? a) Check your records/reports b) Observe your work c) Provide feedback on your performance d) Provide updates on administrative or technical issues related to	CONDUCT TEST 1 1 1 1 1 1 1 NO	COL SPEC TO S ELSEV	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SEND CLI ELSEWHI 3 3 3 3 3 3 3 3 0 0 0 0 0 0 0 0 0 0 0	ENT ERE12 →3:	4 4 4 4 4 4 4

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
350	What is the most important issue that you feel need to be addressed to improve your work in STI/HIV/AIDS? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	a) MORE STAFF	

Section 4. Postabortion Care

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP						
400A	INTRODUCE YOURSELF AS FOLLOWS.								
	Hello. I am representing working with the Centre on Research, Evaluation Resources and Development on a MEASURE <i>Evaluation</i> Project. We are carrying out a survey of health facilities that provide reproductive health services with the goal of finding ways improve service delivery. We would be interested in talking to you about this facility and your experiences in providing heat services. Please be assured that the information is completely confidential. You may choose to stop the interview at any time.								
	Do you have any questions for me? Do I have your agreement to pa	articipate?							
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE							
400B	May I begin the interview?	YES	→STOP						
401	In what year did you start working at this facility?	YEAR							
402	How many years in total of primary and secondary education did you complete?	YEARS							
403	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHYSICIAN							
404	What year did you graduate with this qualification?	YEAR							
	ALL RESPONDENTS								
405	For how many years in total have you provided postabortion care (PAC) services?	YEARS							
	IF LESS THAN ONE YEAR, RECORD "00".								
406	How many days in a week are PAC care services provided at the facility?	# DAYS NO REGULAR SCHEDULE9							
407	Are PAC care services being provided at the facility today?	YES							
408	Is there a register where information for PAC clients receiving treatment is recorded?	YES	→ 410A → 410A						
409	How recent is the date of the most recent entry for PAC?	WITHIN THE PAST 7 DAYS1 > 7 DAYS2							
410A	How many clients received PAC services during the previous twelve (12) complete months?	NUMBER OF PAC VISITS DON'T KNOW9998							
410B	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA							

NO.	QUESTIONS AND FILTERS	CODE	CODE CLASIFICATION			
	ASK TO SEE THE ROOM WHERE PAC SERVICES ARE CONDUC ARE AVAILABLE AND IN WORKING ORDER.	CTED AND CHECK	IF THE FOLLOW	VING ITMES		
111	IF SAME EXAMINATION ROOM HAS ALREADY BEEN OBSERVE NOTE FOR WHICH MODULE THE ROOM WAS ASSESSED:	STI	FAMILY PLANNING 1 STI 2 NOT PREVIOUSLY SEEN 3			
112	DESCRIBE THE SETTING FOR THE ROOM	PRIVATE ROOM ROOM WITH OT W/ SEPARATING ROOM WITH OT AND NO VISUAL	THER PEOPLE G BARRIER THER PEOPLE	2		
13	Does this facility have the following equipment and supplies available and in working order for postabortion care?	YES e	NO	DON'T KNOV	1	
	a) Examination couch	1	2	8		
	b) Tenaculums	1	2	8		
	c) Sponge holding forceps	1	2	8		
	d) Mackintosh	1	2	8		
	e) Manual vacuum aspirations kit	1	2	8		
		1				
	f) Cervical dilator		2	8	-	
	g) Sharp curette	1	2	8	_	
	h) Dressing towels	1	2	8	_	
	i) Sterilizing drum	1	2	8		
14	Does this facility have protocols and guidelines on PAC?	NO			v	
15A-C	Does this facility provide any of the following PAC family planning services:					
	a) Counseling	1	2	8		
	b) Provision of contraceptive methods	1	2	8		
	c) Other (SPECIFY)	1	2	8	_	
16A-K	Which types of family planning methods are provided by this facility t PAC clients?		NO	DON'T KNOV	'	
	a) Male condoms	1	2	8		
	b) Female condoms	1	2	8		
	c) Foaming tablets/spermicides	1	2	8		
	d) Diaphragm	1	2	8		
	e) Oral contraceptive (combined or progestin only)	1	2	8		
	f) Injectable (combined or progestin only)	1	2	8		
	g) IUD	1	2	8		
	h) Norplant	1	2	8	\dashv	
	i) Female sterilization	1			\dashv	
	,	· · · · · · · · · · · · · · · · · · ·	2	8	-	
	j) Male sterilization	1 1	2	8	\dashv	
	k) Other(SPECIFY)	1	2	8		
17	Does the PAC provider(s) routinely treat STIs or are clients referred another provider or location for STI treatment?	to ROUTINELY TR REFERS TO OT /LOCATION NO TREATMEN	HER PROVIDE	R 2		
118	Does the facility routinely offer to provide voluntary counseling and testing for HIV/AIDS for PAC clients?	NO		1 2 3		
119		YES				
	your PAC work or observe your work?	NO		2	→422A	
20	your PAC work or observe your work? How many times in the last six months has your PAC work been supervised?	NO NUMBER OF TIMES	 S	2	→422A	

NO.	QUESTIONS AND FILTERS		COI	DE CLASIFICAT	ION	SKIP
421A-G	What did your supervisor do the last time he/she supervis	ed you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	•	1	2	8	
	b) Observe your work		1	2	8	
	c) Provide feedback on your performance		1	2	8	
	d) Provide updates on administrative or technical issues re your work	elated to	1	2	8	
	e) Discuss problems you have encountered		1	2	8	
	f) Discuss job expectations		1	2	8	
	g) Anything else(SPECIFY)		1	2	8	
422	What is the most important issue that you feel need to be to improve your work in PAC?	addressed	a) MORE STA b) TREAT STA c) PAY BETTE	FF AFF BETTER R	2 3	-
	DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE MOST IMPORTANT ISSUE.	FOR THE	d) MORE TRA e) MORE FEE PERFORMAN f) MORE/BETT SUPPLIES	ININGDBACK ON STACEFER EQUIPMEN		
			h) BETTER PH	IYSICAL ENVIR CURITY	ONMENT8	
	ALL RESPONDENTS GO TO 500					→ 500

Section 5. Select Medications

FIND THE CHIEF PHARMACIST/PMS VENDOR OR OTHER HEALTH WORKER RESPONSIBLE FOR PHARMACEUTICAL SERVICES AT THE FACILITY. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO THE EARLIER. SECTIONS, INTRODUCE YOURSELF.

Hello. I am representing working with the Centre on Research, Evaluation Resources and Development on a MEASURE *Evaluation* Project. We are carrying out a survey of health facilities that provide reproductive health services with the goal of finding ways to improve service delivery. We would be interested in talking to you about this facility and your experiences in providing health services. This section should take approximately 10 minutes to complete. Please be assured that the information is completely confidential. You may choose to stop the interview at any time.

	INTERVIEWER'S SIGN	ATURE D	ATE		
(In	dicates respondent's willingness		,		
NO.	QUES	TIONS AND FILTERS		CODE CLASIFIC	ATION
	TIONS: ASK TO SEE THE FO EM, CIRCLE THE APPROPRIA	LLOWING MEDICATIONS. IF YOU ATE CODE:	J ARE UNABLE TO S	SEE AN ITEM, ASK IF IT IS	S AVAILABLE. FOR
No.	Medication	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
	ORAL MEDICATIONS				
500	Ciprofloxaxin PO	1	2	3	8
501	Doxycycline PO	1	2	3	8
502	Erythromycin oral	1	2	3	8
503	Ethambutol PO	1	2	3	8
	TABLE MEDICATIONS		T	1 - 1	
504	Benzathine benzyl pen Inj. (IM)	1	2	3	8
505	Benzyl Penicillin (Procaine) Inj (IM/IV)	1	2	3	8
506	Streptomycin Injection	1	2	3	8
507	Xylocaine or lidocaine 1%	1	2	3	8
ANTIRI	TROVIRALS				
508	AZT/Ziduvudine	1	2	3	8
509	Nevirapine	1	2	3	8
510	Other NNRTI	1	2	3	8
511	Protease Inhibitors	1	2	3	8
INTRA	VENOUS SOLUTIONS				
512	Normal Saline	1	2	3	8
513	Dextrose and saline	1	2	3	8
514	Ringers Lactate	1	2	3	8
515	RECORD THE TIME.	HOUR			

READ THE FOLLOWING THANK YOU STATEMENT:

Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the VISION Project and health services for your community. If you have any questions about anything I asked you about, please contact Professor Adewuyi at 080-3-719-3284.

INTERVIEWER: CHECK TO MAKE SURE YOU HAVE COLLECTED A GPS COORDINATE FOR THE FACLITY.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):	
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
	SUPERVISOR'S OBSERVATIONS
NAME OF THE SUPERVISOR:	DATE:
	EDITOR'S OBSERVATIONS
NAME OF EDITOR:	DATE:

Appendix B – Supervisors and Fieldworkers¹⁰

OYO SURVEY TEAM

SUPERVISORS

- 1. Okeronbi Wale
- 2. Adelakun Olusegun
- 3. Adeyeye Opeyemi
- 4. Babatunde Akeem
- 5. Olanrewaju F.O
- 6. Dr. I.I. Adeoye
- 7. Adeyemi Olusola

FIELDWORKERS

- 1. Akinloye Oyetunde
- 2. Adekunle Solomon
- 3. Odiba Augustine
- 4. Ogunbayo Funmilola
- 5. Olanrewaju Frank
- 6. agboola Modupe
- 7. Ale A.V
- 8. Oyeboade A.A
- 9. Akinbiyi K.O
- 10. Olasode Iyabo
- 11. Adewolu Titi
- 12. Joseph Toyin
- 13. Aloba Abisodun
- 14. Akande Sunday
- 15. Oladoju M.T
- 16. Mojoyinola R.A
- 17. Aderinto I.A
- 18. Oladokun J.S
- 19. Kolawole O.I
- 20. Onawola R.M
- 21. Oguntokun N
- 22. Adetola A. I 23. Asanlu K.O
- 24. Mkainde Jumoke
- 25. Olasunkanbi B.E
- 26. Oladipo J.A
- 27. Afonja A.A
- 28. Ayannusi S.A
- 29. Atilola M.O
- 30. Adeniyi I.
- 31. Olatunji Wahab
- 32. Adetibigbe M.A
- 33. Salako H.O.
- 34. Adefioye P.I
- 35. Ayinde B.O

 $^{^{10}}$ The list of individuals includes supervisors and fieldworkers who implemented the health facility as well as the household surveys.

ENUGU SURVEY TEAM

SUPERVISORS

- 1. Sina Bamiwuye
- 2. Adisa Titus
- 3. Chris Okemgbo
- 4. Okunneye Wale
- 5. Egbe C.E
- 6. Ezeh Martins
- 7. Ejim Patricia

FIELD WORKERS

- 1. Victory Eseohen J.
- 2. Abiodun Jones A.
- 3. Nkechi Eucharia O.
- 4. Sitria Abanah
- 5. Onigbo Jane
- 6. Ugwuanyi Charles
- 7. Dare Oduwole
- 8. Sonny Adeoye
- 9. Ohis Adeoye
- 10. Mba Chinwe
- 11. Onyia Crescent
- 12. Ezema Gladys
- 13. Ezeh paul
- 14. Efidi Edith
- 15. Udoh Francis
- 16. Mrs. Nwobodo
- 17. Nnenna Ide
- 18. Okoye Joanes
- 19. Japhet Ilo
- 20. Okereke K.C.
- 21. Olenyi Ngozi
- 22. Ozoh Augustina
- 23. Ukwueze Jonas
- 24. Okafor Lazarus
- 25. Ada Egwuibe
- 26. Phina Okafor
- 27. Ene Sitvester28. Joe Martin
- 29. Ohia Caro
- 30. Adenuga Shola
- 31. Iberekuru
- 32. Eloke Chizobam
- 33. Dr. Onuora
- 34. Florence Chukwu
- 35. Chuckwuma Obi

BAUCHI SURVEY TEAM

SUPERVISORS

- 1. Sani Ali Gar
- 2. Mr. Ajala
- 3. Christy Pawa
- 4. Orimogunje Pelumi
- 5. Shola Asa
- 6. Mr. Ajibola
- 7. Mr. Adelodun
- 8. Mr. Dami Anthony

FIELD WORKERS

- Sadiz Yusuf
- 2. Idris B. Musa

1.

- 3. Nagyal Iliya
- 4. Halima Jatau
- 5. Catherine Wakili
- 6. Saratu Bukar
- 7. Abubakar Isah Baraza
- 8. Bilhatu Izang
- 9. Janet Yerima
- 10. Mary Adebisi
- 11. Rabo Islifanus
- 12. Sukar Kanawa
- 13. Rahila Dutse
- 14. Na'omi Yarda
- 15. Hajiya Tijani
- 16. Sani Yinusa
- 17. Musa Moh'd U.
- 18. Abububakar D. I
- 19. Regina Wakama
- 20. Asabe Simon
- 21. Hajara Moses
- 22. Rebecca Adamu
- 23. Stella Yusuf
- 24. Hajiya Hadiza
- 25. Elmina Maina
- 26. Ayo Alabi
- 27. Mayowa Adesina
- 28. Gbenga Ajayi
- 29. Christy Adeyefa
- 30. Paul Daniel
- 31. Jummai Joshua
- 32. Abigail Yusuf
- 33. Sarah Yakubu
- 34. Lois E. Daniel35. Daniel Gadzama